

# **School Nutrition Programs Internet Claim and Foodservice Annual Financial Report Manual**

Revised August 2013

This manual illustrates how to enter, modify, view-print claims for the National School Lunch Program, School Breakfast Program, Special Milk Program, Elderly Nutrition Improvement Program, Wisconsin School Day Milk Program, Foodservice Annual Financial Report.

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( <a href="http://fns.dpi.wi.gov/files/fns/pdf/cm_13.pdf">http://fns.dpi.wi.gov/files/fns/pdf/cm_13.pdf</a> )	

## **Instructions for Monthly Claims Submitted via DPI's Online Services**

- National School Lunch (NSL)
- School Breakfast (SB) / SB Severe Need (SBSEVERE)
- Afterschool Care Snack Program- Area Eligible (SK\_NSLAE) and Non-Area Eligible (SK\_NSL)
- Special Milk (SMP)
- Wisconsin School Day Milk (WSDMP)
- Elderly Nutrition (EN) Programs

You have 60 days from the last day of the claiming month to submit claims. **A separate claim must be submitted for every month, even if the month consists of only one day of meal service to students.** All claims must be submitted electronically by accessing Department of Public Instruction (DPI) School and Community Nutrition On-Line Services.

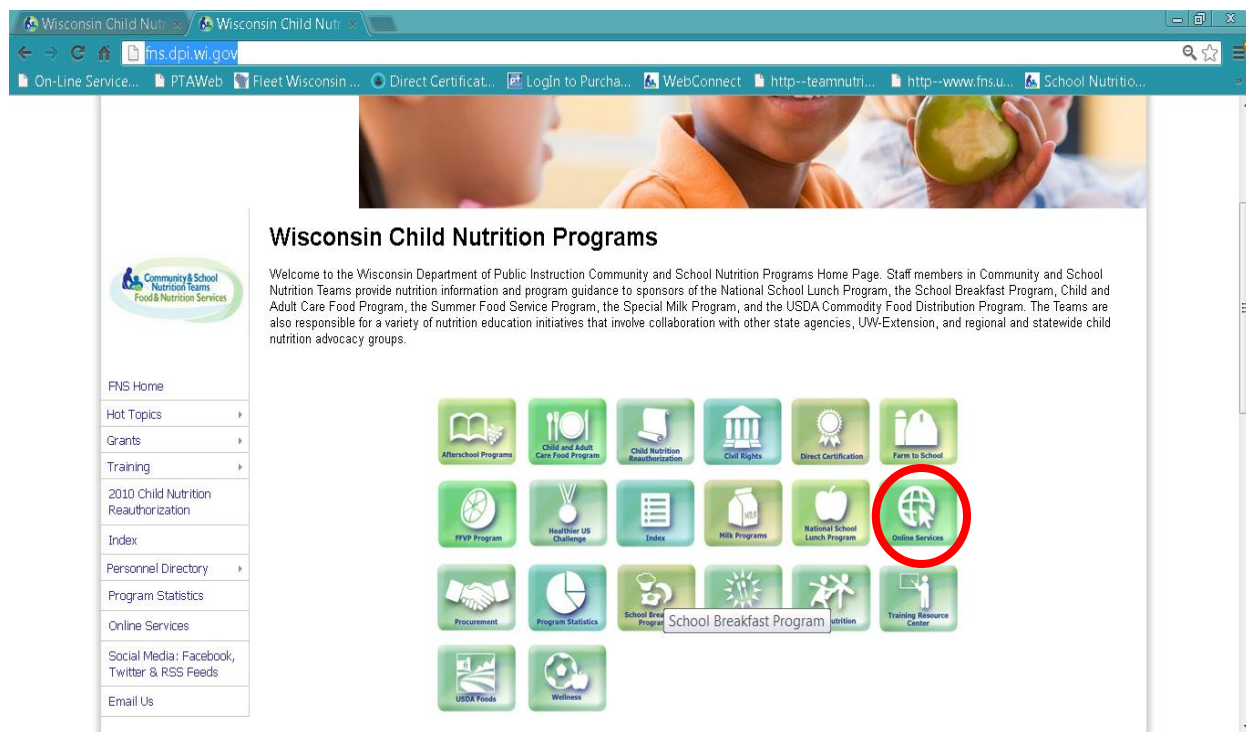
USDA requires the Department of Public Instruction (DPI) to deny claims submitted more than 60 days after the end of the claiming month (e.g. September's claim must be submitted no later than November 29th). DPI is allowed to approve one exception per 36-month (three-year) period to the 60-day claim submission deadline per program (NSL, SB, etc).

Public schools will receive their payment for reimbursement via electronic deposit and private schools will receive payment for reimbursement via check, by US mail. Please see the instructions for how to view-print claims submitted for reimbursement that detail the amount that was/will be paid.

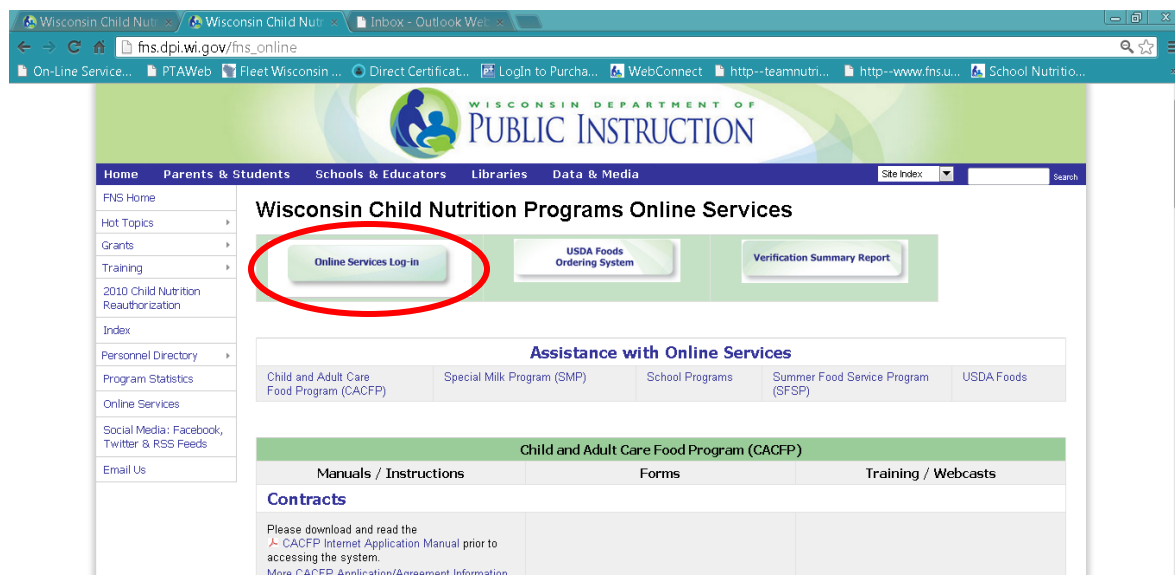
These instructions include additional information to assist school agencies with completing the various claims on the internet system. Review the claim carefully to be sure it is complete and accurate. Print a hard copy of the claim for your records to retain for three years plus the current school year.

## Entering the Food and Nutrition Site

1. Go to <http://fns.dpi.wi.gov/> (see screen shots below)
  - a. There are a series of buttons in the middle of the page.
  - b. Click on the *Online Services* button, which will bring you to the Online Services page.



2. After you click this button, you will be brought to the Online Services page. **Please bookmark this page** for quick access to your contracts and claiming website and other DPI online services.



3. There are three buttons across the top of the page. The one on the left is *Online Services Log-in*. Scroll over this button, and click *Contracts and Claims*, the first link in the drop-down menu that appears.



4. This will bring you to a log-in screen where you will be able to log in using your agency code and password, and access your agency's contract.
  - a. **Do not bookmark this log-in screen** – if you wish to make a bookmark, please go back to Step 2 and bookmark at that point.



#### Welcome to Wisconsin Child Nutrition Programs On-line Services

Submit Claims for Home Sponsor, National School Lunch Program, School Breakfast Program, Summer Food Program, Child and Adult Care Food Program, Special Milk Program & Revise Programs Contracts Informations.

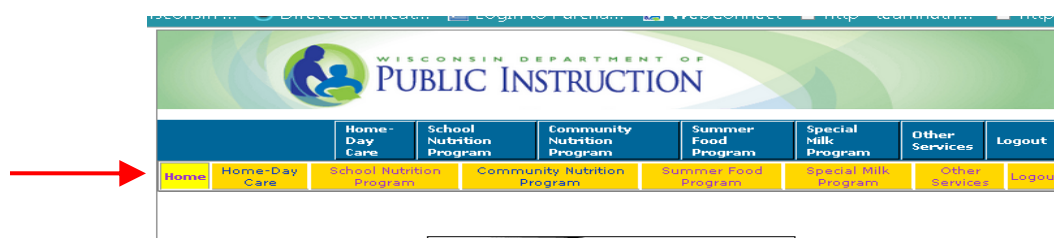
The log-in screen features a logo on the left showing a milk carton and an apple, with the text 'Community and School Nutrition PROGRAMS WISCONSIN DPI'. To the right is a 'LOG IN' section with a blue circular arrow icon. It includes input fields for 'Agency Code' and 'Password', and 'Submit' and 'Reset' buttons.

4. Enter your **agency code** – This is your six-digit agency code/agreement number.
  - a. Do not use hyphens - use only the numerals in the agency code.
  - b. Do not enter leading zeroes: For example, if your agency code is “012345”, only enter “12345”.

5. Type in your agency-specific **password**; this is the password assigned to you by DPI for ordering USDA Foods, claiming reimbursement, and for contract purposes. If you have forgotten this password, please contact the Fiscal Department at DPI at 608-267-9134.
6. Click the *Submit* button. You may be asked if you want to save your password here. We recommend you do not.
7. The *Reset* button will clear all data entered in fields so it may be re-entered.
8. **Time limit on entering data** - A timer starts from the moment you enter the contract site. If no activity occurs for 30 minutes, you will receive an error message and need to return to the main “Log In” screen. Any movement on a page at all (such as going from one screen to another or moving to another entry field on the same page) will reset the 30-minute timer.

Once you are logged in, a menu of options will appear at the top of the screen.

### How to Navigate the System The Yellow Menu Bar



On this screen, you can choose from the following menu options:

**Home Day Care:** this is for Home Day Care providers only.

**School Nutrition Program:** This is for school agencies participating in school child nutrition programs.

**Community Nutrition Program:** This is for agencies participating in the Child and Adult Care Food Program (CACFP).

**Summer Food Program:** This is for agencies participating in the Summer Food Service Program (SFSP).

**Special Milk Program:** This is for agencies (school or non-school) participating in the Special Milk Program.

**Other Services:** This button links to the DUNS number entry page for agencies new to the DPI Child Nutrition Programs.

**Log Out:** This is where you can click, at any page on the website, to log out of your contract account. When you logout, you will need to re-enter your agency code and password to re-enter the FNS web site.

## National School Lunch Program (NSLP)

Below is information needed to submit the NSLP claim for reimbursement. See page XX for detailed instructions on how to access the online claim system, enter, modify, and view-print claims.

### **Number of Students Approved For Free**

Enter the highest number of students who are approved for free meals during the claiming month, based on approved applications on file and/or through direct certification.

### **Number of Students Approved For Reduced-Price**

Enter the highest number of students who are approved for reduced-price meals during the claiming month, based on approved applications on file.

#### **Note:**

- If a student changes eligibility status during the month, this student should be included in both eligibility categories. Also, if a student only ate one meal during the month and then transferred out of the school district, this student should be included in the appropriate eligibility category.
- Free and reduced price eligibility from the prior school year, for returning students, may be used for the first 30 operating days of the new school year. See the USDA *Eligibility Guidance for School Meals Manual* ([http://fns.dpi.wi.gov/fns\\_fincoul#manual](http://fns.dpi.wi.gov/fns_fincoul#manual)) for more information.
- If, when accounting for free and/or reduced in both categories as appropriate, if the total number of free, reduced and paid exceeds your total enrollment, please contact the DPI Fiscal Department at 608-267-9128.

### **Number of Schools/Sites Participating**

Enter the number of schools/sites serving lunches during the claiming month. The number must be consistent with the information submitted on Schedule A of the current internet contract. Please refer to the SNT Contract Manual for further information about revising contract information.

### **Total Number of Days Operating**

Enter the highest number of days any school/site served lunches during the claiming month.

### **Non-Reimbursable Meals**

Enter the number of lunches served during the claiming month to adults (teachers, staff, and visitors), non-enrolled children (such as preschool siblings of students), and second lunches

served to students (only one lunch may be claimed for reimbursement per student per day). This box should include the number of lunches sold to other schools/institutions, if applicable. (All meals entered under “Non-Reimbursable Meals” **are not** reimbursed by USDA).

### **Enrollment**

Enter the number of enrolled students who had **access** to the NSLP during the claiming month. “Enrolled” children are those who have been formally approved to attend your school. Do not include half-day kindergarten and pre-kindergarten students if they do not have access to the lunch program. “Third Friday” enrollment can be reported if monthly enrollment is not computed. The number of enrolled students **can never be less** than the Average Daily Attendance reported in this box.

### **Average Daily Attendance (ADA)**

Enter the average daily attendance (ADA) for all schools/sites serving lunches. If a monthly ADA is unavailable, use the national figure for ADA **Checking on this w/ USDA as we couldn’t find a memo with this for the 12-13 SY. Want to make sure that they are still providing this.** ADA can be calculated by dividing the **total** number of students who *attended* school during the claiming month by the total number of school days in the claiming month. The ADA calculated for the month **cannot exceed** the reported enrollment.

Do not include half-day kindergarten or pre-kindergarten students, if they do not have access to the school lunch program. If you have excluded pre-kindergarten and/or kindergarten students from your NSLP “enrollment” number, exclude them for your ADA. If you have included pre-kindergarten and/or kindergarten students in your “enrollment” number, include them for your ADA. This figure is the number of students **attending** school who have access to the lunch program, **not** the number of students eating a lunch (participation). Refer to Appendix A for details on calculating ADA for pre-kindergarten/kindergarten students.

### **Free Meals**

Enter the total number of lunches served to students approved for free meals during the claiming month. Federal and state reimbursement is received for these and therefore must be supported by daily participation records that have been verified using an edit check procedure (Refer to Appendix B – Required Edit Check Procedure for School Lunch Program.)

### **Reduced-Price Meals**

Enter the total number of lunches served to students approved for reduced-price meals during the claiming month. As previously stated, Federal and state reimbursement is received for these and therefore must be supported by daily participation records that have been verified using an edit check procedure.



## **Paid Meals**

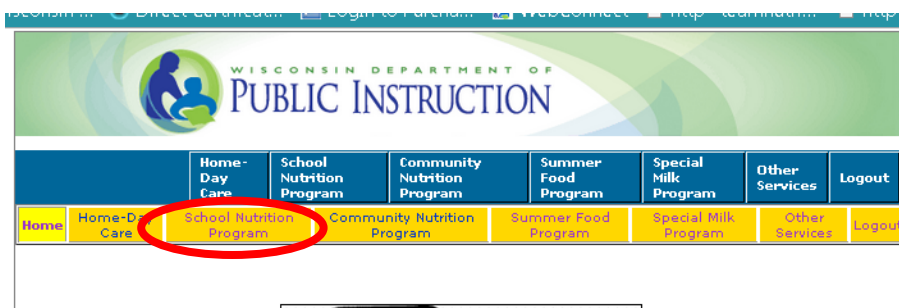
Enter the total number of lunches served to paid (non-needy) students during the claiming month. As previously stated, Federal and state reimbursement is received for these and therefore must be supported by daily participation records that have been verified using an edit check procedure.

## **Total Student Meals**

Enter the total number of student lunches served during the claiming month (free + reduced price + paid). The total number of student lunches must equal the numbers claimed for the three types of student meals, or the claim will be rejected.

## **Entering a National School Lunch Program Claim**

1. Select *School Nutrition Program* from the menu bar.



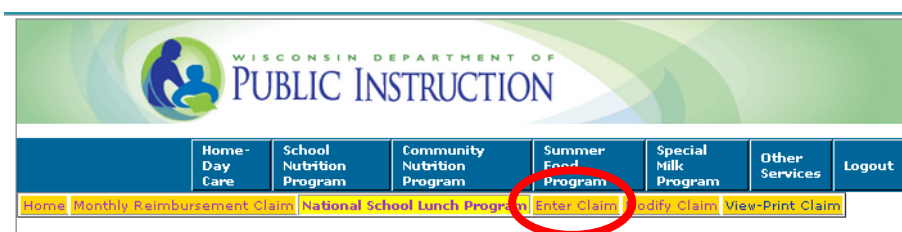
2. Select *Monthly Reimbursement Claim*.



3. Select *National School Lunch Program*.



4. Select *Enter Claim* to enter a new claim for reimbursement.



5. Enter **participation data** on *Enter Claim* screen. Please enter the month you are **claiming** for, not the month you are entering the claim in. When finished completing the claim, enter the preparer's name and telephone number. When the claim is completely filled out, click on the *Submit* button. Enter "0" (zeros) in the fields that do not apply. Do NOT use commas when entering numbers.

WISCONSIN DEPARTMENT OF  
**PUBLIC INSTRUCTION**

Home-Day Care School Nutrition Program Community Nutrition Program Summer Food Program Special Milk Program Other Services Logout

Home National School Lunch Program **Enter Claim**

**National School Lunch Program (NSLP)**  
**[Participation Monthly Reimbursement Information]**

Claim Date:	Month	▼ Year 2017 ▼	*Claim Cannot be more than 60 days old
No. Students Approved For Free:	*Do NOT use commas while entering numbers.		
No. Students Approved Reduced-Price:			
No. of Schools/Sites Participating:			
Total No. of Days Operating:			
NonReimbursable Meals:			
Enrollment:			
Average Daily Attendance(ADA):			
Free Student Meals:			
Reduced Student Meals:			
Paid Student Meals:			
Total Student Meals:			

**[CERTIFICATION]**

**I HEREBY CERTIFY** to the best of my knowledge that this claim is true, correct, and in accordance with the terms of existing agreement, that records are available to support this claim, and that payment has not been received. Meal counts have been reviewed and analyzed to ensure accuracy. I acknowledge that failure to submit accurate claims will result in recovery of an overclaim and may result in the withholding of payments, suspension, or termination of the program.

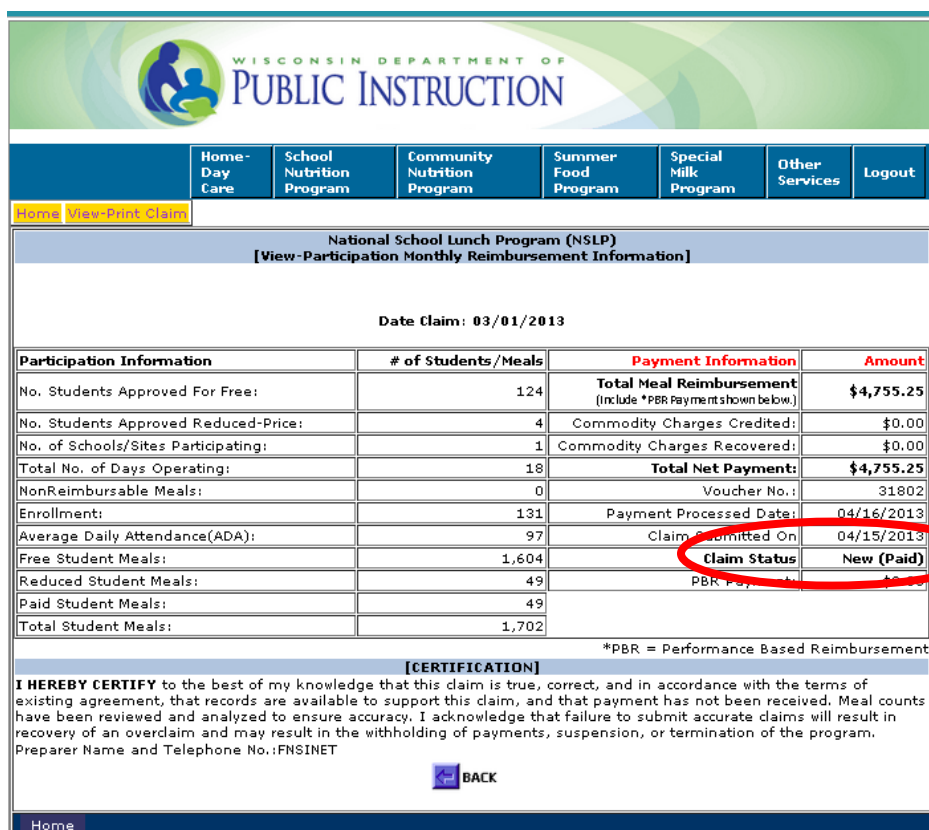
Preparer Name and Telephone No.:

Submit

After entering a claim for reimbursement, School Food Authorities (SFAs) may modify the claim until the time the claim is processed. After a claim has been processed by DPI it CANNOT be modified online. A claim amendment cannot be submitted online. Complete a claim with amended numbers and print the page (do not click on the *Submit* button). Processing of claims is completed weekly, in most cases on Tuesday mornings. A copy of the amended claim must be submitted to DPI via fax at 608-267-9207 or by email. If you have questions, contact the DPI Fiscal Department at 608-267-9128.

## Modifying a National School Lunch Program Unprocessed Claim

1. An unprocessed claim is a claim that is **not** in paid status.



Home View-Print Claim

**National School Lunch Program (NSLP)**  
**[View-Participation Monthly Reimbursement Information]**

Date Claim: 03/01/2013

Participation Information	# of Students/Meals	Payment Information	Amount
No. Students Approved For Free:	124	<b>Total Meal Reimbursement</b> (Include *PBR Payment shown below.)	<b>\$4,755.25</b>
No. Students Approved Reduced-Price:	4	Commodity Charges Credited:	\$0.00
No. of Schools/Sites Participating:	1	Commodity Charges Recovered:	\$0.00
Total No. of Days Operating:	18	<b>Total Net Payment:</b>	<b>\$4,755.25</b>
NonReimbursable Meals:	0	Voucher No.:	31802
Enrollment:	131	Payment Processed Date:	04/16/2013
Average Daily Attendance(ADA):	97	Claim Submitted On:	04/15/2013
Free Student Meals:	1,604	<b>Claim Status</b>	<b>New (Paid)</b>
Reduced Student Meals:	49	PBR Payment:	\$0.00
Paid Student Meals:	49		
Total Student Meals:	1,702		

\*PBR = Performance Based Reimbursement

**[CERTIFICATION]**  
I HEREBY CERTIFY to the best of my knowledge that this claim is true, correct, and in accordance with the terms of existing agreement, that records are available to support this claim, and that payment has not been received. Meal counts have been reviewed and analyzed to ensure accuracy. I acknowledge that failure to submit accurate claims will result in recovery of an overclaim and may result in the withholding of payments, suspension, or termination of the program.  
Preparer Name and Telephone No.:FNSINET

BACK

Home

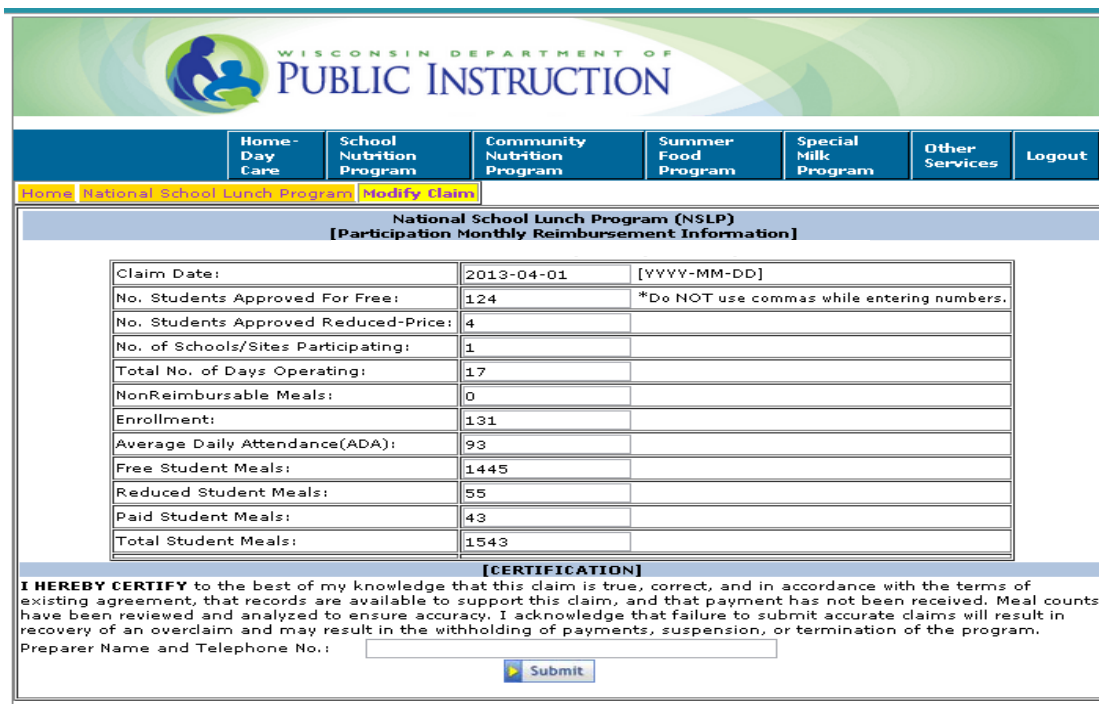
This claim is in paid status and cannot be modified.

2. Select *Modify Claim* from the menu to modify a new unpaid claim for reimbursement.



Home Monthly Reimbursement Claim National School Lunch Program Enter Claim **Modify Claim** View-Print Claim

- After selecting the *Modify Claim* option, the website will show the unpaid claim for modification. All data is modifiable except the claim date. If no such claim is found, a relevant message will be displayed. When finished updating the claim, click on the *Submit* button at the bottom to submit the claim to DPI to be processed.



**WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION**

Home - Day Care | School Nutrition Program | Community Nutrition Program | Summer Food Program | Special Milk Program | Other Services | Logout

Home | National School Lunch Program | **Modify Claim**

**National School Lunch Program (NSLP)**  
**[Participation Monthly Reimbursement Information]**

Claim Date:	2013-04-01	[YYYY-MM-DD]
No. Students Approved For Free:	124	*Do NOT use commas while entering numbers.
No. Students Approved Reduced-Price:	4	
No. of Schools/Sites Participating:	1	
Total No. of Days Operating:	17	
NonReimbursable Meals:	0	
Enrollment:	131	
Average Daily Attendance(ADA):	93	
Free Student Meals:	1445	
Reduced Student Meals:	55	
Paid Student Meals:	43	
Total Student Meals:	1543	

**[CERTIFICATION]**  
I HEREBY CERTIFY to the best of my knowledge that this claim is true, correct, and in accordance with the terms of existing agreement, that records are available to support this claim, and that payment has not been received. Meal counts have been reviewed and analyzed to ensure accuracy. I acknowledge that failure to submit accurate claims will result in recovery of an overclaim and may result in the withholding of payments, suspension, or termination of the program.  
Preparer Name and Telephone No.:

## View- Print a National School Lunch Program Claim

- Select *View-Print* to view and/or print a claim. A claim may be viewed and/or printed after it has been submitted to DPI. The claim does not have to be processed to be viewed.



**WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION**

Home - Day Care | School Nutrition Program | Community Nutrition Program | Summer Food Program | Special Milk Program | Other Services | Logout

Home | Monthly Reimbursement Claim | National School Lunch Program | Enter Claim | Modify Claim | **View-Print Claim**

2. Select the date claim month and year from the drop down list box and click the Search button.

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Home Day Care School Nutrition Program Community Nutrition Program Summer Food Program Special Milk Program Other Services Logout

Home National School Lunch Program View-Print Claim

National School Lunch Program (NSLP)  
[View Participation Monthly Reimbursement Information]

Date Claim Month: [Dropdown] Year: [Dropdown] SEARCH

Claim Type: [Date Submitted]

3. If a claim is found for the given criteria it will show up in the box below. Click the *Claim Type* link to view the full claim information as shown on the next page.

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Home Day Care School Nutrition Program Community Nutrition Program Summer Food Program Special Milk Program Other Services Logout

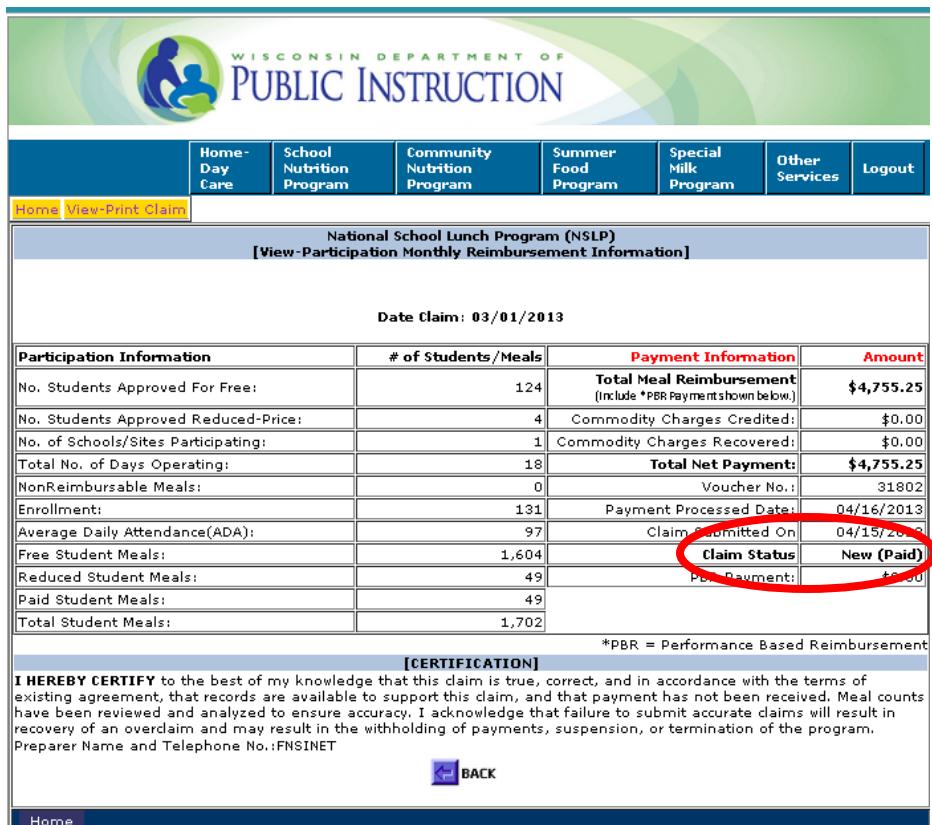
Home National School Lunch Program View-Print Claim

National School Lunch Program (NSLP)  
[View Participation Monthly Reimbursement Information]

Date Claim Month: March Year: 2013 SEARCH

Claim Type	Date Submitted
New (Paid)	04/15/2013

- This information is not modifiable. You can print the claim by clicking the print button of your browser. If required, use the *Back* button to view more claims.



National School Lunch Program (NSLP) [View-Participation Monthly Reimbursement Information]			
Date Claim: 03/01/2013			
Participation Information	# of Students/Meals	Payment Information	Amount
No. Students Approved For Free:	124	<b>Total Meal Reimbursement</b> (Include *PBR Payment shown below)	<b>\$4,755.25</b>
No. Students Approved Reduced-Price:	4	Commodity Charges Credited:	\$0.00
No. of Schools/Sites Participating:	1	Commodity Charges Recovered:	\$0.00
Total No. of Days Operating:	18	<b>Total Net Payment:</b>	<b>\$4,755.25</b>
NonReimbursable Meals:	0	Voucher No.:	31802
Enrollment:	131	Payment Processed Date:	04/16/2013
Average Daily Attendance(ADA):	97	Claim Submitted On:	04/15/2013
Free Student Meals:	1,604	<b>Claim Status</b>	<b>New (Paid)</b>
Reduced Student Meals:	49	PBR Payment:	\$0.00
Paid Student Meals:	49		
Total Student Meals:	1,702		

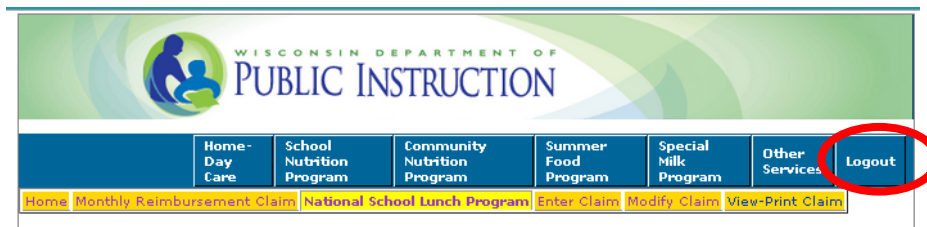
\*PBR = Performance Based Reimbursement

**[CERTIFICATION]**  
I HEREBY CERTIFY to the best of my knowledge that this claim is true, correct, and in accordance with the terms of existing agreement, that records are available to support this claim, and that payment has not been received. Meal counts have been reviewed and analyzed to ensure accuracy. I acknowledge that failure to submit accurate claims will result in recovery of an overclaim and may result in the withholding of payments, suspension, or termination of the program.  
Preparer Name and Telephone No.:FNSINET

[BACK](#)

## How to Logout

- Click the *Logout* tab on the menu to exit from the Online Services system.



National School Lunch Program (NSLP) [View-Participation Monthly Reimbursement Information]			
Date Claim: 03/01/2013			
Participation Information	# of Students/Meals	Payment Information	Amount
No. Students Approved For Free:	124	<b>Total Meal Reimbursement</b> (Include *PBR Payment shown below)	<b>\$4,755.25</b>
No. Students Approved Reduced-Price:	4	Commodity Charges Credited:	\$0.00
No. of Schools/Sites Participating:	1	Commodity Charges Recovered:	\$0.00
Total No. of Days Operating:	18	<b>Total Net Payment:</b>	<b>\$4,755.25</b>
NonReimbursable Meals:	0	Voucher No.:	31802
Enrollment:	131	Payment Processed Date:	04/16/2013
Average Daily Attendance(ADA):	97	Claim Submitted On:	04/15/2013
Free Student Meals:	1,604	<b>Claim Status</b>	<b>New (Paid)</b>
Reduced Student Meals:	49	PBR Payment:	\$0.00
Paid Student Meals:	49		
Total Student Meals:	1,702		

\*PBR = Performance Based Reimbursement

**[CERTIFICATION]**  
I HEREBY CERTIFY to the best of my knowledge that this claim is true, correct, and in accordance with the terms of existing agreement, that records are available to support this claim, and that payment has not been received. Meal counts have been reviewed and analyzed to ensure accuracy. I acknowledge that failure to submit accurate claims will result in recovery of an overclaim and may result in the withholding of payments, suspension, or termination of the program.  
Preparer Name and Telephone No.:FNSINET

[BACK](#)

## School Breakfast (SB) and SB Severe Need Programs

Below is information needed to submit the SB and SB Severe Need claim for reimbursement. See page XX for detailed instructions on how to access the online claim system, enter, modify, and view-print claims.

Click on School Breakfast (SB) to access the screen to submit monthly claims for the schools/sites in the School Breakfast Program which receive the regular SB reimbursement rates. Click on School Breakfast Severe Need (*SB SEVERE NEED*) to submit monthly claims for the schools/sites in the School Breakfast Program which have been approved to receive the higher Severe Need reimbursement rates.

Sites for which breakfast meals are being claimed must be indicated on Schedule A of the current school year's internet contract that is entered on line. If the contract does not indicate the School Food Authority is sponsoring the School Breakfast Program, your claim will not be processed. Access the on-line services and click on "Revise Contract Information – Existing School/RCCI" to amend the contract at any time to add or change the School Breakfast Program. All contract amendments must be approved before claiming. Please refer to the contract materials received at the beginning of the school year for further information about revising contract information.

### Number of Students Approved For Free

Enter the highest number of students who are approved for free meals during the claiming month, based on approved applications on file and/or through direct certification, in schools with SB and/or SB Severe Need.

### Number of Students Approved for Reduced-Price

Enter the highest number of students who are approved for reduced-price meals during any day of the claiming month, based on approved applications on file in schools with the SB and/or SB Severe Need Programs. *You may use the number of students approved for reduced-price meals in September as the number for August. The same is true for May and June.*

**Note:** If a student changes eligibility status during the month, this student should be included in both eligibility categories. Also, if a student only ate one meal during the month and then transferred out of the school district, this student should be included in the appropriate eligibility category.

### Number of Schools/Sites Participating



Enter the number of schools/sites serving breakfast during the claiming month. The number must be consistent with the information submitted on Schedule A of the current internet contract.

**Total Number of Days Operating**

Enter the highest number of days any school/site served breakfasts during the claiming month.

**Non-Reimbursable Meals**

Enter the number of breakfasts served during the claiming month to adults (teachers, staff, and visitors) and non-enrolled children (such as pre-school siblings of students). This box should also include the number of breakfasts sold to other schools/institutions, if applicable. USDA does not reimburse for these meals. See Appendix C – Use of Leftover Food in the Breakfast and Lunch Programs for information pertaining to second breakfasts served to students.

**Enrollment**

Enter the number of enrolled students having access to the SB and/or SB Severe Need Program(s) during the claiming month. Do not include half-day kindergarten and pre-kindergarten students if they do not normally have access to the school breakfast program. "Third Friday" enrollment can be reported if monthly enrollment is not computed.

**Free Meals**

Enter the total number of free breakfasts served to students approved for free meals during the claiming month. *Federal and state reimbursement is received for these breakfasts and therefore must be supported by daily participation records.*

**Reduced-Price Meals**

Enter the total number of reduced-price breakfasts served to students approved for reduced-price meals during the claiming month. As previously stated, federal and state reimbursement is *received for these breakfasts and therefore must be supported by daily participation records.*

**Paid Meals**

Enter the total number of paid (non-needy) breakfasts served to students during the claiming month. As previously stated, federal and state reimbursement is received for these breakfasts and therefore must be supported by daily participation records.

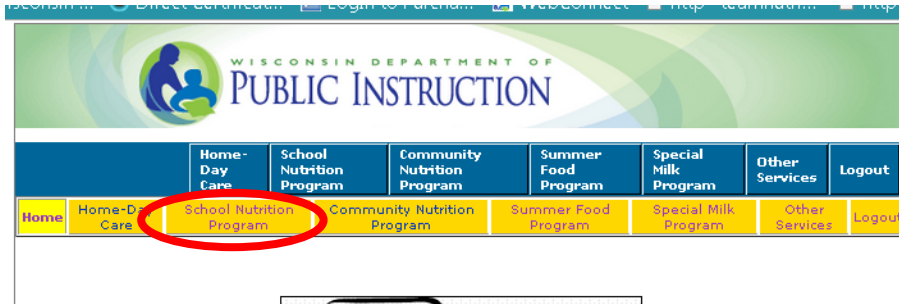
**Total Student Meals**

Enter the total number of student breakfasts served (free + reduced price + paid) during the claiming month. The total number of student breakfasts must equal the numbers claimed for the three types of student meals, or the claim will be rejected.

## Entering and Modifying a School Breakfast Program Claim

1. Select *School Nutrition Program* from the menu bar. (see *Sample Screen 1*)

*Sample Screen 1*



2. Select *Monthly Reimbursement Claim*. (see *Sample Screen 2*)

*Sample Screen 2*



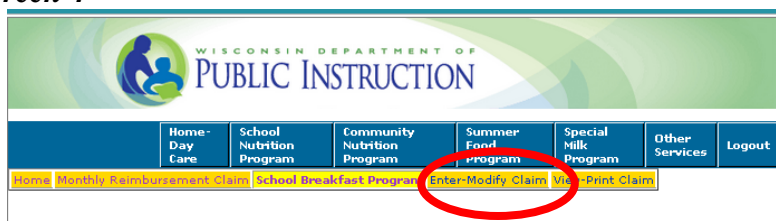
3. Select *Breakfast Program*. (see *Sample Screen 3*)

*Sample Screen 3*



4. Select *Enter-Modify Claim* to enter a new claim for reimbursement or modify the previous month's claim. (see *Sample Screen 4*)

#### *Sample Screen 4*



5. Select from the drop down box, which type of School Breakfast claim you would like to Enter-Modify, *Regular School Breakfast*, or *Severe Need School Breakfast*. (see *Sample Screen 5*). ***If your SFA has schools that are in Regular School Breakfast and Severe Need School Breakfast, you will need to enter two claims, one for Regular School Breakfast and one for Severe Need Breakfast.***

#### *Sample Screen 5*

A screenshot of the 'School Breakfast Program' selection screen. The header and navigation bar are consistent with the previous screen. Below the navigation bar, the page title is 'School Breakfast Program' with a subtitle '[Select Program to Enter Participation Reimbursement Information]'. The main content area features a 'Breakfast Type:' label followed by a dropdown menu. The dropdown menu is open, displaying two options: 'Regular School Breakfast (SB)' and 'Severe Need School Breakfast (SBSEVERE)'.

6. Once you have selected the type of Breakfast Program, you will be taken to the claim screen.
  - a. If you have a claim that has not been processed, you will be able to modify it and re-submit the correct information (see *Sample Screen 6*).
    - i. After entering a claim for reimbursement, School Food Authorities (SFAs) may modify the claim until the time the claim is processed. Processing of claims is completed in most cases on Tuesday mornings. After a claim has been processed by DPI it CANNOT be modified online. A paper copy of the amended claim must be completed and submitted to DPI at the address given on the paper claim form. You may download the claim form at: <http://fns.dpi.wi.gov/files/forms/doc/pod1409.doc>.

- b. If the previous claim has been paid, the fields will be blank you can enter the information (see *Sample Screen 7*). Enter **participation data** on *Enter Claim* screen. Please enter the month you are **claiming** for, not the month you are entering the claim in. When finished entering the number of meals served, enter the preparer's name and telephone number. When the claim is completely filled out, click on the "Submit" button. Enter "0" (zeros) in the fields that do not apply. Do NOT use commas when entering numbers.

### Sample Screen 6

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Home Day Care School Nutrition Program Community Nutrition Program Summer Food Program Special Milk Program Other Services Logout

Home Enter-Modify Claim

**School Breakfast Program (SBP)**  
**[Participation Monthly Reimbursement Information]**

Breakfast Type:	Severe Need School Breakfast (SBSEVERE) ▼	
Claim Date:	Month April ▼	Year 2013 ▼ *Claim Cannot be more than 60 days old
No. Students Approved For Free:	124	*Do NOT use commas while entering numbers.
No. Students Approved Reduced-Price:	4	
No. of Schools/Sites Participating:	1	
Total No. of Days Operating:	17	
NonReimbursable Meals:	0	
Enrollment:	131	
Free Student Meals:	1253	
Reduced Student Meals:	62	
Paid Student Meals:	34	
Total Student Meals:	1349	

**[CERTIFICATION]**

I HEREBY CERTIFY to the best of my knowledge that this claim is true, correct, and in accordance with the terms of existing agreement, that records are available to support this claim, and that payment has not been received. Meal counts have been reviewed and analyzed to ensure accuracy. I acknowledge that failure to submit accurate claims will result in recovery of an overclaim and may result in the withholding of payments, suspension, or termination of the program.

Preparer Name and Telephone No.:

### Sample Screen 7

## View- Print a School Breakfast Program Claim

1. Select *View-Print Claim* to view and/or print a claim (see *Sample Screen 8*). A claim may be viewed and/or printed after it has been submitted to DPI. The claim does not have to be processed to be viewed.

### *Sample Screen 8*

2. Select the Breakfast type (Regular School Breakfast or Severe Need School Breakfast) from the drop down box. Select the date claim month and year from the drop down list box and click the *Search* button. (see *Sample Screen 9*)

### *Sample Screen 9*

Wisconsin Department of Public Instruction  
Online School Nutrition Program Claim Manual

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Home Day Care School Nutrition Program Community Nutrition Program Summer Food Program Special Milk Program Other Services Logout

Home School Breakfast Program View-Print Claim

School Breakfast Program (SBP)  
[View Participation Monthly Reimbursement Information]

Select Breakfast Type: [Dropdown]  
Date Claim Month: [Dropdown] Year: [Dropdown] SEARCH  
[Click Claim Type Link below to View Complete Claim Information]

Claim Type	Date Submitted
<a href="#">New (Paid)</a>	04/15/2013

3. If a claim is found for the given criteria it will show up in the box below. Click the *Claim Type* link to view the full claim information as shown on the next page. (see *Sample Screen 10*).

**Sample Screen 10**

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Home Day Care School Nutrition Program Community Nutrition Program Summer Food Program Special Milk Program Other Services Logout

Home School Breakfast Program View-Print Claim

School Breakfast Program (SBP)  
[View Participation Monthly Reimbursement Information]

Select Breakfast Type: Severe Need School Breakfast (SBSEVERE) [Dropdown]  
Date Claim Month: March [Dropdown] Year: 2013 [Dropdown] SEARCH  
[Click Claim Type Link below to View Complete Claim Information]

Claim Type	Date Submitted
<a href="#">New (Paid)</a>	04/15/2013

4. This information is not modifiable. You can print the claim by clicking the print button of your browser. If required, use the *Back* button to view more claims. (see *Sample Screen 11*).

**Sample Screen 11**

Wisconsin Department of Public Instruction  
Online School Nutrition Program Claim Manual

**WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION**

Home- Day Care | School Nutrition Program | Community Nutrition Program | Summer Food Program | Special Milk Program | Other Services | Logout

Home | View-Print Claim

**School Breakfast Program (SBP)**  
[View-Participation Monthly Reimbursement Information]

Date Claim: 03/01/2013  
Breakfast Type: Severe Need - [SBSEVERE]

Participation Information	# of Students/Meals	Payment Information	Amount
No. Students Approved For Free:	124	Total Meal Reimbursement	\$2,737.05
No. Students Approved Reduced-Price:	4	Voucher No.:	31802
No. of Schools/Sites Participating:	1	Payment Processed Date:	04/16/2013
Total No. of Days Operating:	18	Claim Submitted On	04/15/2013
NonReimbursable Meals:	0	Claim Status	New (Paid)
Enrollment:	131		
Free Student Meals:	1,426		
Reduced Student Meals:	56		
Paid Student Meals:	45		
Total Student Meals:	1,527		

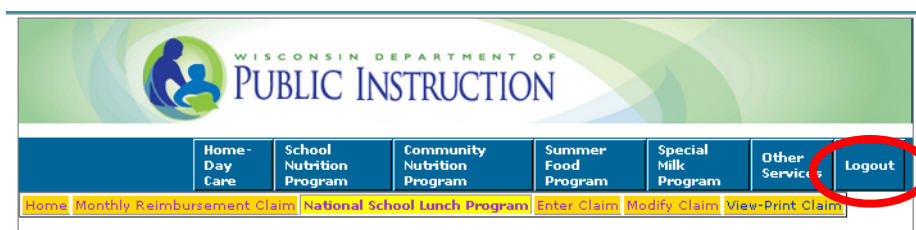
**[CERTIFICATION]**  
I HEREBY CERTIFY to the best of my knowledge that this claim is true, correct, and in accordance with the terms of existing agreement, that records are available to support this claim, and that payment has not been received. Meal counts have been reviewed and analyzed to ensure accuracy. I acknowledge that failure to submit accurate claims will result in recovery of an overclaim and may result in the withholding of payments, suspension, or termination of the program. Preparer Name and Telephone No.

BACK

Home

## How to Logout

1. Click the *Logout* tab on the menu to exit from the Online Services system.



## After School Snack Program

Access the appropriate screen on the School & RCCI Reimbursement Claims menu. The “Snacks (SK)” is for sites that are not “Area Eligible” and the “Snacks-Area Eligible (SK-

NSLAe)” is for sites that are “Area Eligible”. An After School Snack Program site qualifies as area eligible if it is located in the attendance area of a school which has at least 50 percent of its enrollment eligible for free or reduced-price meals. These sites are eligible to receive reimbursement at the free rate for snacks served to all children participating in an approved After School Program for snacks, regardless of each individual participant’s eligibility for free or reduced-price meals.

**For after school snacks at sites that are not area eligible, reimbursement is based on the individual eligibility of the children.**

**If you have some school snack sites that are area eligible and some that are not, the school must enter participation information on the appropriate screen.**

*Sites for which after school snacks are being claimed must be indicated on Schedule A of the current school year’s approved internet contract. If the contract does not indicate the School Food Authority is sponsoring the After School Snack Program, your claim will not be processed. A contract amendment can be entered at any time to add or modify an After School Snack Program.*

#### **Number of Students Approved for Free**

For sites that are not area eligible, enter the highest number of students participating in the after school snack program who are approved for **free meals** during the claiming month, based on approved applications on file and/or through direct certification.

#### **Number of Students Approved for Reduced-Price**

For sites that are not area eligible, enter the highest number of students participating in the after school snack program who are approved for **reduced-price** meals during the claiming month, based on approved applications on file.

#### **Number of Schools Participating**

Enter the number of after school snack schools serving snacks during the claiming month. The number must be consistent with the information submitted on Schedule A of the current contract.

#### **Total Number of Days Operating**

Enter the highest number of days any after school snack schools served snacks during the claiming month.

#### **Non-Reimbursable Meals**

Enter the number of snacks served during the claiming month to any non-eligible people (e.g., adults, parents, second snacks served to eligible children, and snacks sold to other



schools/agencies.). USDA regulation does not permit school agencies to be reimbursed for these snacks.

### **Average Daily Attendance (ADA)**

Enter the average daily attendance (ADA) for the claiming month based on the totals from all after school snack schools combined. These boxes are for the number of students **attending** the *after-school snack schools*, **not** the number of students eating snacks.

### **Free Meals**

Enter the total number of free snacks served to eligible participants. For area eligible snack schools, ***all snacks served to children are claimed here.***

### **Reduced-Price Meals**

Enter the total number of reduced-price snacks served to children approved for reduced-price meals during the claiming month.

### **Paid Meals**

Enter the total number of paid (non-needy) snacks served to children during the claiming month.

### **Total Student Meals**

Enter the total number of snacks served (Free + Reduced Price + Paid) to eligible participants during the claiming month. If the total number of snacks does not equal what has been entered for the three types of student snacks, the claim will be rejected.

## **Entering and Modifying an After School Snack Program Claim**

1. Select *School Nutrition Program* from the menu bar. (see *Sample Screen 1*).

### ***Sample Screen 1***



2. Select *Monthly Reimbursement Claim*. (see *Sample Screen 2*)

### ***Sample Screen 2***



3. Select *After-School Snacks* or *After-School Snacks Area Eligible* depending on which program you are entering a claim for. (see *Sample Screen 3*) ***If your SFA has schools that are in After-School Snacks and After-School Snacks Area Eligible, you will need to enter two claims, one for After-School Snacks and one for Area Eligible Snacks.***

#### ***Sample Screen 3***



4. Select *Enter-Modify Claim* to enter a new claim for reimbursement or modify the previous month's claim. (see *Sample Screen 4*)

#### ***Sample Screen 4***



5. If you have a claim that has not been processed, you will be able to modify it and re-submit the correct information (see *Sample Screen 5*).
  - a. After entering a claim for reimbursement, School Food Authorities (SFAs) may modify the claim until the time the claim is processed. Processing of claims is completed in most cases on Tuesday mornings. After a claim has been processed by DPI it CANNOT be modified online. A paper copy of the amended claim must be completed and submitted to DPI at the address given on the paper claim form.

You may download the claim form at:  
<http://fns.dpi.wi.gov/files/forms/doc/pod1409.doc>.

### Sample Screen 5

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Home-Day Care School Nutrition Program Community Nutrition Program Summer Food Program Special Milk Program Other Services Logout

Home After-School Snacks Area Eligible Enter-Modify Claim

After School Snacks Area Eligible Program (SK\_NSLAE)  
[Participation Monthly Reimbursement Information]

Claim Date:	Month: May	Year: 2013	*Claim Cannot be more than 60 days old
No. of Schools/Sites Participating:	11 *Do NOT use commas while entering numbers.		
Total No. of Days Operating:	22		
NonReimbursable Meals:	0		
Average Daily Attendance(ADA):	403		
Free Student Meals:	8856		

[CERTIFICATION]

I HEREBY CERTIFY to the best of my knowledge that this claim is true, correct, and in accordance with the terms of existing agreement, that records are available to support this claim, and that payment has not been received. Meal counts have been reviewed and analyzed to ensure accuracy. I acknowledge that failure to submit accurate claims will result in recovery of an overclaim and may result in the withholding of payments, suspension, or termination of the program.

Preparer Name and Telephone No.:

Submit

6. If the previous month's claim for reimbursement has been processed, the fields will be blank and you can enter the information. (see *Sample Screen 6*). Enter **participation data** on *Enter Claim* screen. Please enter the month you are **claiming** for, not the month you are entering the claim in. When finished entering the number of meals served, enter the preparer's name and telephone number. When the claim is completely filled out, click on the *Submit* button. Enter "0" (zeros) in the fields that do not apply. Do NOT use commas when entering numbers.

### Sample Screen 6

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Home After-School Snacks Enter-Modify Claim Home-Day Care School Nutrition Program Community Nutrition Program Summer Food Program Special Milk Program Other Services Logout

After School Snacks Program (SK\_NSL)  
[Participation Monthly Reimbursement Information]

Claim Date:	Month: May	Year: 2017	*Claim Cannot be more than 60 days old
No. Students Approved For Free:	*Do NOT use commas while entering numbers.		
No. Students Approved Reduced-Price:			
No. of Schools/Sites Participating:			
Total No. of Days Operating:			
NonReimbursable Meals:			
Average Daily Attendance(ADA):			
Free Student Meals:			
Reduced Student Meals:			
Paid Student Meals:			
Total Student Meals:			

[CERTIFICATION]

I HEREBY CERTIFY to the best of my knowledge that this claim is true, correct, and in accordance with the terms of existing agreement, that records are available to support this claim, and that payment has not been received. Meal counts have been reviewed and analyzed to ensure accuracy. I acknowledge that failure to submit accurate claims will result in recovery of an overclaim and may result in the withholding of payments, suspension, or termination of the program.

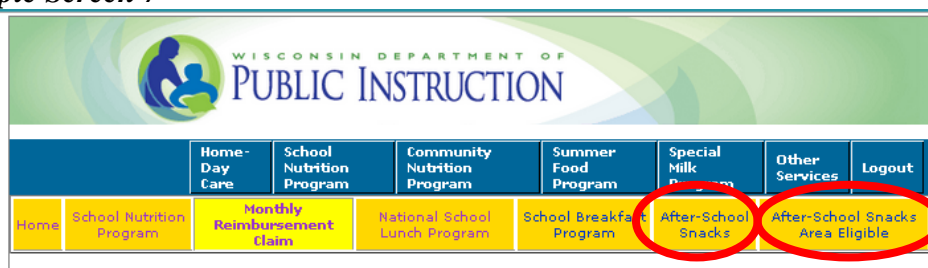
Preparer Name and Telephone No.:

Submit

## View-Print an After School Snack Program Claim

1. Select from the menu bar, which snack program you want to view-print a claim for, *After-School Snacks* or *After-School Snacks Area Eligible*. (see *Sample Screen 7*) ***If your SFA has schools that are in After-School Snacks and After-School Snacks Area Eligible, you will need to do this process for each program, one for After-School Snacks and one for Area Eligible Snacks.***

*Sample Screen 7*



2. Select *View-Print Claim* to view/print a claim (see *Sample Screen 8*). A claim may be viewed and/or printed after it has been submitted to DPI. The claim does not have to be process to be viewed.

*Sample Screen 8*



3. Select the date claim month and year from the drop down list box and click the Search button. (see *Sample Screen 9*)

*Sample Screen 9*

The image shows a search form for the 'After School Program (SK\_NSL)'. The form has a title bar with the program name and a subtitle '[View Participation Monthly Reimbursement Information]'. Below the title bar is a search bar with two dropdown menus for 'Date Claim Month' and 'Year', and a 'SEARCH' button. Below the search bar is a link that says '[Click Claim Type Link below to View Complete Claim Information]'. Below the link are two buttons: 'Claim Type' and 'Date Submitted'.

4. If a claim is found for the given criteria it will show up in the box below. Click the *Claim Type* link to view the full claim information as shown on the next page. (see *Sample Screen 10*)

### Sample Screen 10

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Home Day Care School Nutrition Program Community Nutrition Program Summer Food Program Special Milk Program Other Services Logout

Home After-School Snacks Area Eligible View-Print Claim

After School Program (SK\_NSL)  
[View Participation Monthly Reimbursement Information]

Date Claim Month: May Year: 2011 SEARCH

[Click Claim Type to View Complete Claim Information]

Claim Type	Date Submitted
New (Paid)	06/07/2011

- This information is not modifiable. You can print the claim by clicking the print button of your browser. If required, use the *Back* button to view more claims. (see *Sample Screen 11*)

### Sample Screen 11

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Home Day Care School Nutrition Program Community Nutrition Program Summer Food Program Special Milk Program Other Services Logout

Home View-Print Claim

After School Snack Area Eligible Program (SK\_NSLAE)  
[View Participation Monthly Reimbursement Information]

Date Claim: 05/01/2011

Participation Information	# of Students/Meals	Payment Information	Amount
No. of Schools/Sites Participating:	11	Total Meal Reimbursement	\$3,008.10
Total No. of Days Operating:	21	Voucher No.:	86183
NonReimbursable Meals:	0	Payment Processed Date:	06/14/2011
Average Daily Attendance(ADA):	8,286	Claim Submitted On	06/07/2011
Free Student Meals:	4,065	Claim Status	New (Paid)

[CERTIFICATION]

I HEREBY CERTIFY to the best of my knowledge that this claim is true, correct, and in accordance with the terms of existing agreement, that records are available to support this claim, and that payment has not been received. Meal counts have been reviewed and analyzed to ensure accuracy. I acknowledge that failure to submit accurate claims will result in recovery of an overclaim and may result in the withholding of payments, suspension, or termination of the program. Preparer Name and Telephone No.

BACK

Home

## How to Logout

1. Click the *Logout* tab on the menu to exit from the Online Services system.



## Special Milk Program

Access Special Milk (SMP) item listed on the School & RCCI Reimbursement Claims menu to claim for milk served to students participating in USDA's Special Milk Program for half-day (split session) pre-kindergarten/kindergarten students who do not have access to the School Lunch/Breakfast Programs. Milk served as a component of the reimbursable NSL and SB is not claimed here. Also, do not claim milk served in the Wisconsin School Day Milk Program or sold a la carte.

Juice can be served to a student as a substitute for milk, only with written documentation on file from a physician that a student's condition prohibits the consumption of milk. The student's juice consumption can be claimed and included under the appropriate category for reimbursement (free milk or paid milk).

Sites for which milk served under this program are being claimed must be indicated on Schedule A of the current school year's internet contract. If the contract does not indicate the School Food

Authority is sponsoring the Special Milk Program, your claim will not be processed. A contract amendment may be made at any time to add or modify the Special Milk program.

### **Sites/Schools**

Enter the number of schools serving half-day kindergarten/pre-kindergarten SMP milk during the claiming month. The number must be consistent with the information submitted on Schedule A of the current internet contract and must only include schools that have half-day kindergarten or pre-kindergarten programs where students have **no access** to the School Breakfast or the School Lunch Programs.

### **Days Operating**

Enter the highest number of days any of the above schools served milk during the claiming month.

### **Cost Per ½ Pint**

Enter the school agency's actual cost per half-pint of milk, carried to four decimal places (e.g., \$.1348). **To determine the cost per half-pint**, divide the total dollar cost of all milk purchased during the claiming month by the number of half-pints of milk purchased. This box **must** be completed.

**Note: The USDA established reimbursement rate is the maximum amount you will receive per ½ pint. If the per half-pint cost is less than this rate for milk, your school agency will be reimbursed at the lower amount per half pint.**

## **Free Milk**

This box is for schools with a **pricing program who have chosen the free milk option** on the contract. Enter the total number of half-pints or half-pint equivalents of milk served free to students who are approved for free milk. *Under a **pricing program with the free milk option**, milk is provided free to students from households which meet the family size income criteria or are categorically eligible and milk is sold under a separate charge to non-eligible children.*

## **Paid Milk**

**Non-pricing programs** (those who provide milk free to all students) and **pricing programs without the free milk option**, enter the total number of half-pints of milk served to students (not adults) during the claiming month. **Pricing programs with the free milk option**, enter the number of half-pints of milk served during the month to students who do not qualify for free milk.

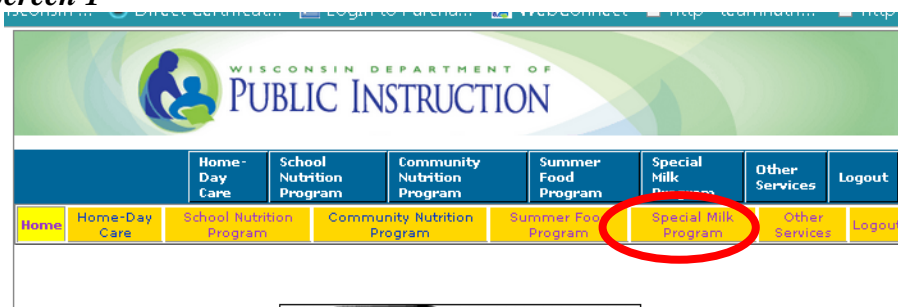
### **Note:**

- The SMP has **no limit** on the number of half-pints of milk that can be served to students per day, but documentation of milk served, obtained at the point of service (not dairy invoices) must be available to support the number of milks claimed.
- Schools are not required to submit the number of half-pints of milk served to adults, including staff, and to non-enrolled children. The half-pints served to adults or non-enrolled students are not reimbursable by USDA.

## **Entering a Special Milk Program Claim**

1. Select *Special Milk Program* from the menu bar. (see *Sample Screen 1*)

### ***Sample Screen 1***



2. Select *Claim Reimbursement*. (see *Sample Screen 2*)

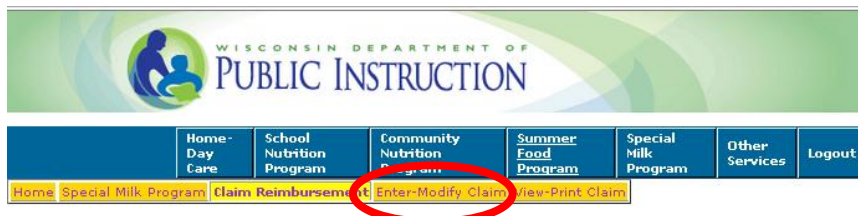


### Sample Screen 2



3. Select *Enter-Modify Claim* to enter a new claim for reimbursement or modify the previous month's claim if it has not yet been paid. (see *Sample Screen 3*)

### Sample Screen 3



4. If you have a claim that has not been processed, you will be able to modify it and re-submit the correct information (see *Sample Screen 4*).
  - a. After entering a claim for reimbursement, School Food Authorities (SFAs) may modify the claim until the time the claim is processed. Processing of claims is completed in most cases on Tuesday mornings. After a claim has been processed by DPI it CANNOT be modified online. A paper copy of the amended claim must be completed and submitted to DPI at the address given on the paper claim form. You may download the claim form at:  
<http://fns.dpi.wi.gov/files/forms/doc/pod1409.doc>.

### Sample Screen 4

Special Milk Program (SMP) [Participation Monthly Reimbursement Information]		
Claim Date:	Month May	Year 2013 *Claim Cannot be more than 60 days old
No. of Schools/Sites Participating:	1	
Total No. of Days Operating:	16	
Cost Per 1/2 Pint:	0.2176 [Enter in the format of 0.000 No (\$) sign allowed]	
Free Milk:	0 *Do NOT use commas while entering numbers.	
Paid Milk:	3048	
<b>[CERTIFICATION]</b>		
<p>I HEREBY CERTIFY to the best of my knowledge that this claim is true, correct, and in accordance with the terms of existing agreement, that records are available to support this claim, and that payment has not been received. Meal counts have been reviewed and analyzed to ensure accuracy. I acknowledge that failure to submit accurate claims will result in recovery of an overclaim and may result in the withholding of payments, suspension, or termination of the program.</p> <p>Preparer Name and Telephone No.: <input type="text"/></p> <p><input type="button" value="Submit"/></p>		

- If the previous month's claim for reimbursement has been processed, the fields will be blank and you can enter the information. (see *Sample Screen 5*). Enter **participation data** on *Enter Claim* screen. Please enter the month you are **claiming** for, not the month you are entering the claim in. When finished entering the number of meals served, enter the preparer's name and telephone number. When the claim is completely filled out, click on the *Submit* button. Enter "0" (zeros) in the fields that do not apply. Do NOT use commas when entering numbers.

### Sample Screen 5

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Home Day Care School Nutrition Program Community Nutrition Program Summer Food Program Special Milk Program Other Services Logout

Home Claim Reimbursement Enter-Modify Claim

**Special Milk Program (SMP)**  
**[Participation Monthly Reimbursement Information]**

Claim Date:	Month	Year 2017	*Claim Cannot be more than 60 days old
No. of Schools/Sites Participating:			
Total No. of Days Operating:			
Cost Per 1/2 Pint:	[Enter in the format of 0.000 No (\$) sign allowed]		
Free Milk:	*Do NOT use commas while entering numbers.		
Paid Milk:			

**[CERTIFICATION]**

I HEREBY CERTIFY to the best of my knowledge that this claim is true, correct, and in accordance with the terms of existing agreement, that records are available to support this claim, and that payment has not been received. Meal counts have been reviewed and analyzed to ensure accuracy. I acknowledge that failure to submit accurate claims will result in recovery of an overclaim and may result in the withholding of payments, suspension, or termination of the program.

Preparer Name and Telephone No.:

## View-Print a Special Milk Program Claim

- Select *View-Print Claim* to view and/or print a claim (see *Sample Screen 6*). A claim may be viewed and/or printed after it has been submitted to DPI. The claim does not have to be processed to be viewed.

### Sample Screen 6

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Home Day Care School Nutrition Program Community Nutrition Program Summer Food Program Special Milk Program Other Services Logout

Home Special Milk Program Claim Reimbursement Enter-Modify Claim View-Print Claim

- Select the date claim month and year from the drop down list box and click the *Search* button. (see *Sample Screen 7*)

### Sample Screen 7

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Home- Day Care | School Nutrition Program | Community Nutrition Program | Summer Food Program | Special Milk Program | Other Services | Logout

Home | Claim Reimbursement | View-Print Claim

Special Milk Program (SMP)  
[View Participation Monthly Reimbursement Information]

Date Claim Month:  Year:  SEARCH

[Click Claim Type Link below to View Complete Claim Information]

Claim Type | Date Submitted

- If a claim is found for the given criteria it will show up in the box below. Click the *Claim Type* link to view the full claim information. (see *Sample Screen 8*)

### Sample Screen 8

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Home- Day Care | School Nutrition Program | Community Nutrition Program | Summer Food Program | Special Milk Program | Other Services | Logout

Home | Claim Reimbursement | View-Print Claim

Special Milk Program (SMP)  
[View Participation Monthly Reimbursement Information]

Date Claim Month: April Year: 2013 SEARCH

[Click Claim Type Link below to View Complete Claim Information]

Claim Type | Date Submitted

New (Paid) 05/01/2013

- This information is not modifiable. You can print the claim by clicking the print button of your browser. If required, use the *Back* button to view more claims. (see *Sample Screen 9*)

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Home- Day Care | School Nutrition Program | Community Nutrition Program | Summer Food Program | Special Milk Program | Other Services | Logout

Home | View-Print Claim

Special Milk Program (SMP)  
[View-Participation Monthly Reimbursement Information]

Date Claim: 04/01/2013

Participation Information	# of 1/2 Pints of Milk	Payment Information	Amount
No. of Schools/Sites Participating:	1	Total Meal Reimbursement:	\$140.14
Total No. of Days Operating:	20	Voucher No.:	31897
Cost Per 1/2 Pint:	\$0.284	Payment Processed Date:	05/07/2013
Free Milk:	0	Claim Submitted On:	05/01/2013
Paid Milk:	720	Claim Status:	New (Paid)

[CERTIFICATION]

I HEREBY CERTIFY to the best of my knowledge that this claim is true, correct, and in accordance with the terms of existing agreement; that records are available to support this claim, and that payment has not been received. Meal counts have been reviewed and analyzed to ensure accuracy. I acknowledge that failure to submit accurate claims will result in recovery of an overclaim and may result in the withholding of payments, suspension, or termination of the program.

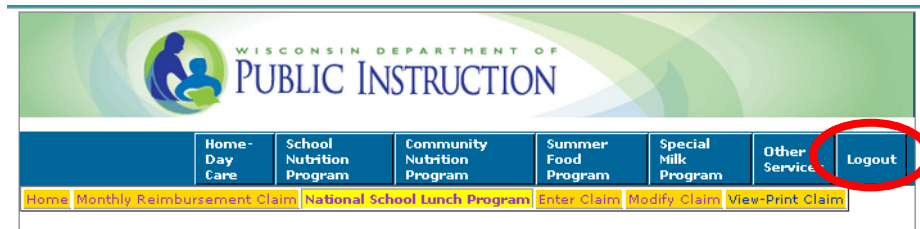
Preparer Name and Telephone No.: Candice Ohlmann 920.398.3171

BACK

Home

## How to Logout

1. Click the Logout tab on the menu to exit from the Online Services system.



## Wisconsin School Day Milk Program

The WSDMP was created by the Wisconsin Legislature to reimburse schools for the full cost of the milk (and juice) served at a milk break to Pre-Kindergarten through Grade 5 students who are eligible for free or reduced price meals. Only one half-pint of milk (or daily unit of juice) may be claimed per eligible student per school day. By State law, no charge can be made to students who receive milk/juice under the WSDMP. Milk/juice served to non-needy (paid) students at the milk break in Grades PreK through 5, and students in Grades 6-12, is not eligible for reimbursement. If milk served to students is claimed under the federal SMP, it may not be claimed under the WSDMP.

A claim for juice can be made only if it was served as a substitute for milk to an eligible student, with written documentation on file from a physician that the individual student's condition prohibits the consumption of milk.

*Public Schools Using Wisconsin Uniform Financial Accounting Requirements (WUFAR):* The WSDMP has been assigned Revenue Source Code 617, Program/Project Code 544. Sites for which milk is being claimed under this program must be indicated on Schedule A of the current school year's approved contract. If the contract does not indicate the School Food Authority is sponsoring the Wisconsin School Day Milk Program, your claim will not be processed. A contract amendment can be submitted on-line at any time to add or modify the Wisconsin School Day Milk program. Please refer to contract materials received at the beginning of the school year for information to include in a contract amendment.

### **Free Milk**

Enter the total number of half-pints of milk served during milk break to eligible free and reduced price students during the entire July 1-June 30 school year. *Claims must be supported by daily participation records on file.*

### **Free Juice**

Enter the total number of substitute juice units served during milk break to eligible free and reduced price students during the entire July 1-June 30 school year. *See note above under Box 83.*

### **Cost Per ½ Pint Milk**

Enter **your school's** cost (to four decimal places) per half-pint of WSDMP milk. Documentation must be maintained to support this reported cost. This cost will be multiplied by the number of half-pints of milk reported in box 83 to obtain your school's claimed amount of state WSDMP aid, before prorating (if necessary) the annual aid payment. Consider a reasonable amount for this program. For example, if your school serves only 2% milk for the milk break, your cost per half-pint of 2% milk is more reasonable than the average cost per half-pint of all types of milk served as a component of the *NSL* program.

### **Cost Per Unit Juice**

Enter **your school's** cost (to four decimal places) per unit for WSDMP substitute juice.

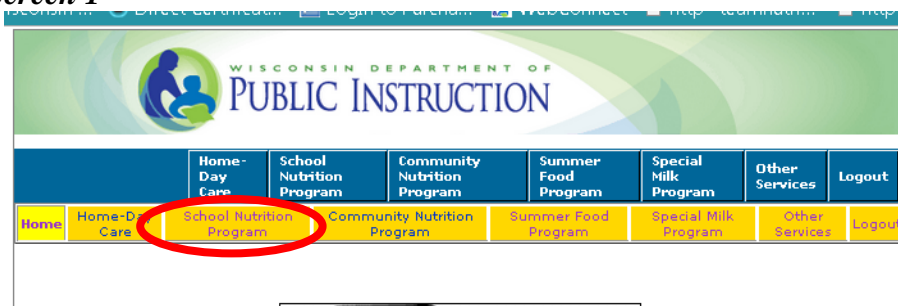
### **Preparer Name And Telephone Number**

Enter the name of the person who enters the claim and phone number where they can be reached if there are questions.

## **Entering a Wisconsin School Day Milk Program Claim**

1. Select *School Nutrition Program* from the menu bar. (see *Sample Screen 1*).

### ***Sample Screen 1***



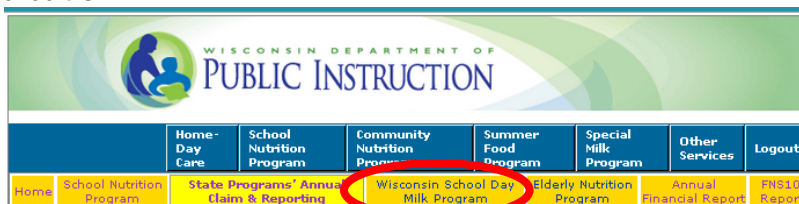
2. Select *State Programs' Annual Claim & Reporting*. (see *Sample Screen 2*)

### ***Sample Screen 2***



3. Select *Wisconsin School Day Milk Program* from the menu bar. (see *Sample Screen 3*)

### Sample Screen 3



4. Select *Enter Claim* from the menu bar. (see *Sample Screen 4*)

### Sample Screen 4



5. Enter **participation data** on *Enter Claim* screen. Because this is an annual claim, the only month option is June. Please select the correct year. When finished entering the information, enter the preparer's name and telephone number. When the claim is completely filled out, click on the *Submit* button. Enter "0" (zeros) in the fields that do not apply. *Do NOT use commas when entering numbers.* (see *Sample Screen 5*)

### Sample Screen 5

Annual Wisconsin School Day Milk Program Pre-K to Grade 5  
[Participation Reimbursement Information]  
247047 - Faith Lutheran School

Claim Date: Month:  Year:

\*Do NOT use commas while entering numbers.

Milk Served to Free - Reduced Students:  May not claim milk served during lunch and breakfast.

Juice Served to Free - Reduced Students:

School's Cost per 1/2 Pint of Milk: \$

School's Cost Per Unit of Juice: \$

[CERTIFICATION]

I HEREBY CERTIFY to the best of my knowledge that milk and juice claimed were served only to students in Pre-Kindergarten through grade 5 who are eligible for free or reduced price meals. Only one half-pint of milk or juice per eligible student is claimed per school day. Milk claimed was not served during lunch or breakfast meal periods. Milk claimed under the Wisconsin School Day Milk Program was not also claimed under the federal Special Milk Program. I acknowledge that this claim is true, correct, and in accordance with the terms of the existing agreement, that records are available to support this claim, that failure to submit accurate claims will result in recovery of an over claim and may result in the withholding of payments, suspension, or termination of the program.

Preparer Name and Telephone No.:

## Modifying a Wisconsin School Day Milk Program Claim

1. Select *Modify Claim* from the menu bar.

*Sample Screen 4*



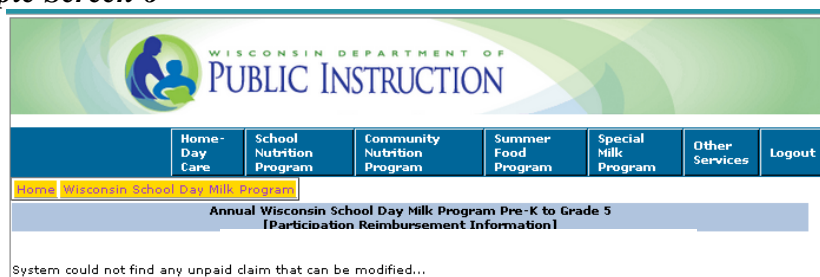
2. If you have a claim that has not been processed, you will be able to modify it and re-submit the correct information (see *Sample Screen 5*). If you have a claim that has been processed, you will not be able to modify it online (see *Sample Screen 6*).
  - a. After entering a claim for reimbursement, School Food Authorities (SFAs) may modify the claim until the time the claim is processed. Processing of claims is completed in most cases on Tuesday mornings. After a claim has been processed by DPI it CANNOT be modified online. A paper copy of the amended claim must be completed and submitted to DPI at the address given on the paper claim form. You may download the claim form at:  
<http://fns.dpi.wi.gov/files/forms/doc/pod1409.doc>.

*Sample Screen 5*

The image shows a web form titled "Annual Wisconsin School Day Milk Program Pre-K to Grade 5 [Modify - Participation Reimbursement Information]". The form is divided into several sections. The top section contains a navigation bar with links: Home, Wisconsin School Day Milk Program, and Modify Claim. Below this is a form with fields for "Claim Date" (2013-06-01), "Milk Served to Free - Reduced Students" (9458), "Juice Served to Free - Reduced Students" (0), "School's Cost per 1/2 Pint of Milk" (\$0.23), and "School's Cost Per Unit of Juice" (\$0.0). A red note states: "May not claim milk served during lunch and breakfast." The bottom section is titled "[CERTIFICATION]" and contains a paragraph of text: "I HEREBY CERTIFY to the best of my knowledge that milk and juice claimed were served only to students in Pre-Kindergarten through grade 5 who are eligible for free or reduced price meals. Only one half-pint of milk or juice per eligible student is claimed per school day. Milk claimed was not served during lunch or breakfast meal periods. Milk claimed under the Wisconsin School Day Milk Program was not also claimed under the federal Special Milk Program. I acknowledge that this claim is true, correct, and in accordance with the terms of the existing agreement, that records are available to support this claim, that failure to submit accurate claims will result in recovery of an over claim and may result in the withholding of payments, suspension of participation of the school." Below this text is a field for "Preparer Name and Telephone No." and a "Submit" button.



### Sample Screen 6



## View-Print a Wisconsin School Day Milk Program Claim

1. Select *View-Print Claim* from the menu bar. A claim may be viewed and/or printed after it has been submitted to DPI. The claim does not have to be processed to be viewed. (see *Sample Screen 7*)

### Sample Screen 7



2. Select the date claim month (June) and year from the drop down list box and click the *Search* button. (see *Sample Screen 8*).

### Sample Screen 8



3. If a claim is found for the given criteria it will show up in the box below. Click the *Claim Type* link to view the full claim information. (see *Sample Screen 9*).

### Sample Screen 9

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Home Day Care School Nutrition Program Community Nutrition Program Summer Food Program Special Milk Program Other Services Logout

Home Wisconsin School Day Milk Program View-Print Claim

Annual Wisconsin School Day Milk Program Pre-K to Grade 5  
[ View - Participation Reimbursement Information ]

Date Claim Month: June Year: 2012 SEARCH

Claim Type	Date Submitted
New (Paid)	2/21/2013

- This information is not modifiable. You can print the claim by clicking the print button of your browser. If required, use the *Back* button to view more claims. (see *Sample Screen 10*)

### Sample Screen 10

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Home Day Care School Nutrition Program Community Nutrition Program Summer Food Program Special Milk Program Other Services Logout

Home View-Print Claim

Annual Wisconsin School Day Milk Program Pre-K to Grade 5  
[ View - Participation Reimbursement Information ]

Date Claim: 06/01/2012

Participation Information	# of Students/Costs	Payment Information	Amount
Milk Served to Free - Reduced Students:	96,283	Payment Based on Meals	\$17,562.01
Juice Served to Free - Reduced Students:	0	Actual Amount Paid	\$7,324.32
School's Cost per 1/2 Pint of Milk:	\$0.1824	Voucher No.:	31460
School's Cost Per Unit of Juice:	\$0.0	Payment Processed Date:	02/26/2013
		Claim Submitted On	10/01/2012
		Claim Status	New (Paid)

[CERTIFICATION]

I HEREBY CERTIFY to the best of my knowledge that milk and juice claimed were served only to students in Pre-Kindergarten through grade 5 who are eligible for free or reduced price meals. Only one half-pint of milk or juice per eligible student is claimed per school day. Milk claimed was not served during lunch or breakfast meal periods. Milk claimed under the Wisconsin School Day Milk Program was not also claimed under the federal Special Milk Program. I acknowledge that this claim is true, correct, and in accordance with the terms of the existing agreement, that records are available to support this claim, that failure to submit accurate claims will result in recovery of an over claim and may result in the withholding of payments, suspension, or termination of the program.

Preparer Name and Telephone No.:

BACK

Home

## How to Logout

- Click the Logout tab on the menu to exit from the Online Services system.

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Home Day Care School Nutrition Program Community Nutrition Program Summer Food Program Special Milk Program Other Services Logout

Home Monthly Reimbursement Claim National School Lunch Program Enter Claim Modify Claim View-Print Claim

## Elderly Nutrition (EN) Improvement Program

The EN program was created by the Wisconsin Legislature to subsidize schools who wish to serve a noontime meal to the community's elderly citizens. The state's EN program reimburses school sponsors for 15% of the actual annual cost of serving an EN lunch, to a maximum of 50 cents per meal. Since the state aid amount is based on claimed cost, it is important that you report an accurate cost amount. Only persons 60 years of age or older, and their spouses of any age, are eligible for this program.

*Public Schools Using WUFAR:* We recommend that the EN Program be operated under Fund 50. EN has been assigned Revenue Source Code 617, Program/Project Code 545. The annual revenues and expenditures must be reported in the *A la Carte, WSDMP, SMP, EN* column on the annual financial report.

Sites for which meals are being claimed must be indicated on Schedule A of the current school year's approved internet contract. If the contract does not indicate the School Food Authority is sponsoring the Elderly Nutrition Program, your claim will not be processed. A contract amendment can be made on the internet contract system at any time to add the Elderly Nutrition program. Please refer to the internet contract manual for information about updating the internet contract system.

### Total Lunches

Enter the total number of EN lunches served to the eligible elderly during the July 1-June 30 school year.

### Total Expenditures

Enter your agency's total expenditures for the EN Program for the July 1-June 30 school year.

### Preparer Name And Telephone Number

Enter the name of the person who enters the claim and phone number where they can be reached if there are questions.

## Entering an Elderly Nutrition Improvement Program Claim

1. Select School Nutrition Program from the menu bar. (see *Sample Screen 1*)

*Sample Screen 1*



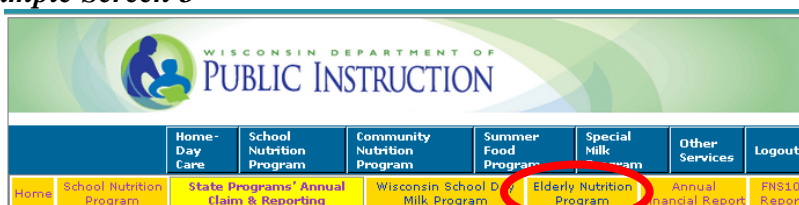
2. Select *State Programs' Annual Claim & Reporting*. (see *Sample Screen 2*)

*Sample Screen 2*



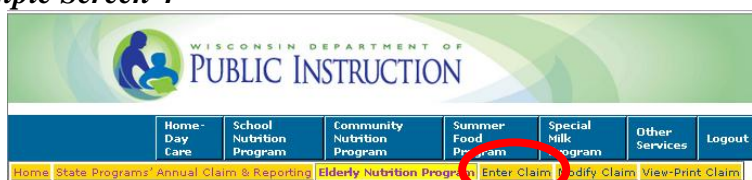
3. Select *Elderly Nutrition Program* from the menu bar. (see *Sample Screen 3*)

*Sample Screen 3*



4. Select *Enter Claim* from the menu bar. (see *Sample Screen 4*)

*Sample Screen 4*



5. Enter **total lunches served** on *Enter Claim* screen, as well as **total expenditures**. Because this is an annual claim, the only month option is June. Please select the correct year. When finished entering the information, enter the preparer's name and telephone number. When the claim is completely filled out, click on the "Submit" button. Enter "0" (zeros) in the fields that do not apply. *Do NOT use commas when entering numbers.* (see *Sample Screen 5*)

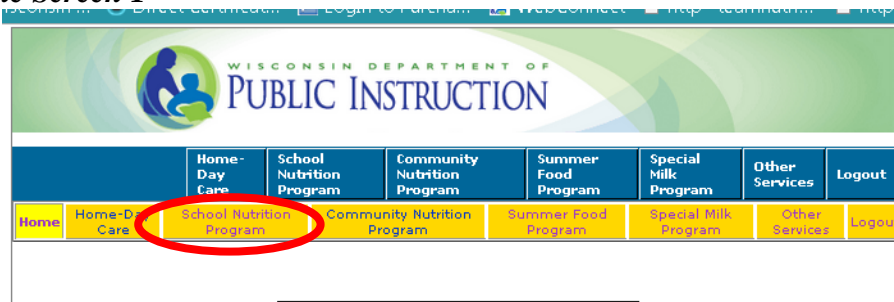
### Sample Screen 5

The screenshot shows the 'Annual Elderly Nutrition Program' form. At the top is the Wisconsin Department of Public Instruction logo. Below it is a navigation bar with links: Home, Elderly Nutrition Program, Enter Claim, Annual Elderly Nutrition Program, [Participation Reimbursement Information], Claim Date, Total Lunches, Total Expenditures, [CERTIFICATION], I HEREBY CERTIFY, Preparer Name and Telephone No., and Submit. The form contains fields for 'Claim Date' (Month and Year 2017), 'Total Lunches' (with a note '\*Do NOT use commas while entering numbers.'), and 'Total Expenditures' (with a dollar sign). Below these is a certification section with a text area for the user to certify the claim and a 'Submit' button.

## Modifying an Elderly Nutrition Improvement Program Claim

1. Select *School Nutrition Program* from the menu bar. (see *Sample Screen 1*).

### Sample Screen 1



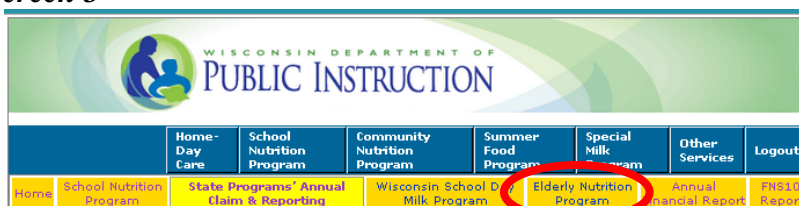
2. Select *State Programs' Annual Claim & Reporting*. (see *Sample Screen 2*)

### Sample Screen 2



3. Select *Elderly Nutrition Program* from the menu bar. (see *Sample Screen 3*)

### Sample Screen 3



4. Select *Modify Claim* from the menu bar. (see *Sample Screen 4*)

### Sample Screen 4

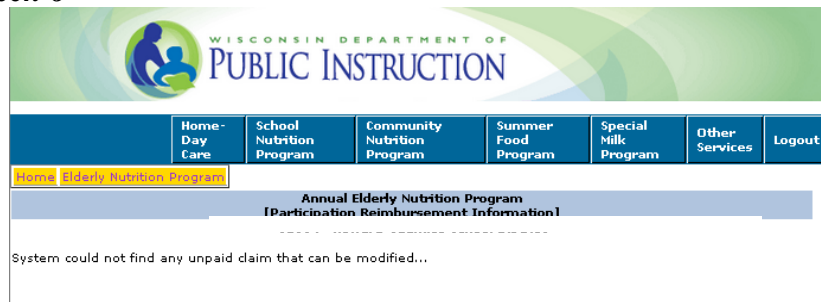


5. If you have a claim that has not been processed, you will be able to modify it and re-submit the correct information (see *Sample Screen 5*). If you have a claim that has been processed, you will not be able to modify it online (see *Sample Screen 6*).
  - a. After entering a claim for reimbursement, School Food Authorities (SFAs) may modify the claim until the time the claim is processed. Processing of claims is completed in most cases on Tuesday mornings. After a claim has been processed by DPI it CANNOT be modified online. A paper copy of the amended claim must be completed and submitted to DPI at the address given on the paper claim form. You may download the claim form at:  
<http://fns.dpi.wi.gov/files/forms/doc/pod1409.doc>.

### Sample Screen 5

**PLACE HOLDER UNTIL A CLAIM HAS BEEN ENTERED SO YOU CAN SCREENSHOT A MODIFIABLE CLAIM**

### Sample Screen 6





## View-Print an Elderly Nutrition Improvement Program Claim

1. Select *View-Print Claim* from the menu bar. A claim may be viewed and/or printed after it has been submitted to DPI. The claim does not have to be processed to be viewed. (see *Sample Screen 7*)

*Sample Screen 7*



2. Select the date claim month (June) and year from the drop down list box and click the *Search* button. (see *Sample Screen 8*).

*Sample Screen 8*

The image shows a search form titled 'Annual Elderly Nutrition Program [ View - Participation Reimbursement Information ]'. It includes a 'Date Claim Month' dropdown menu, a 'Year' dropdown menu (set to 2017), and a 'SEARCH' button. Below the search fields are two tabs: 'Claim Type' and 'Date Submitted'. The 'View-Print Claim' link from the previous screen is highlighted in the top navigation bar.

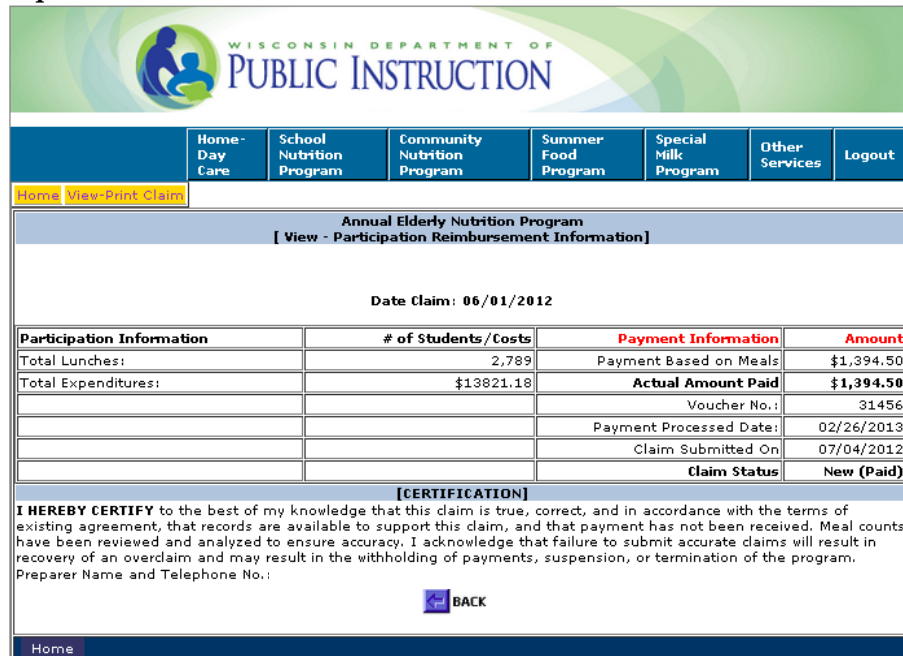
5. If a claim is found for the given criteria it will show up in the box below. Click the *Claim Type* link to view the full claim information. (see *Sample Screen 9*).

*Sample Screen 9*

The image shows the search results page. It includes the same search form as in Sample Screen 8, but with the 'Date Claim Month' dropdown set to 'June' and the 'Year' dropdown set to '2012'. Below the search fields, a table displays search results. The first row shows 'Claim Type' and 'Date Submitted'. The 'Claim Type' link is circled in red, and the 'Date Submitted' is '7/04/2012'.

6. This information is not modifiable. You can print the claim by clicking the print button of your browser. If required, use the “Back” button to view more claims. (see *Sample Screen 10*)

### Sample Screen 10



WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Home Day Care School Nutrition Program Community Nutrition Program Summer Food Program Special Milk Program Other Services Logout

Home View-Print Claim


**Annual Elderly Nutrition Program**  
[ View - Participation Reimbursement Information ]

Date Claim: 06/01/2012

Participation Information	# of Students/Costs	Payment Information	Amount
Total Lunches:	2,789	Payment Based on Meals	\$1,394.50
Total Expenditures:	\$13821.18	Actual Amount Paid	\$1,394.50
		Voucher No.:	31456
		Payment Processed Date:	02/26/2013
		Claim Submitted On	07/04/2012
		Claim Status	New (Paid)

**[CERTIFICATION]**

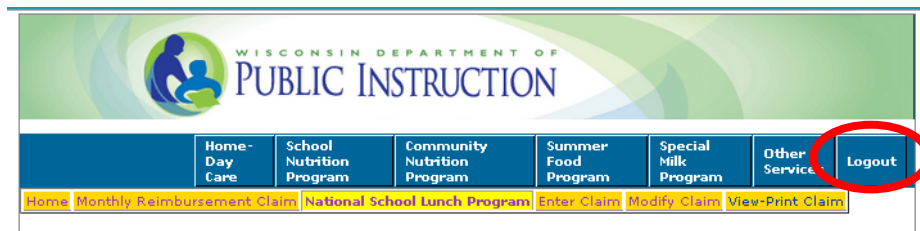
I HEREBY CERTIFY to the best of my knowledge that this claim is true, correct, and in accordance with the terms of existing agreement, that records are available to support this claim, and that payment has not been received. Meal counts have been reviewed and analyzed to ensure accuracy. I acknowledge that failure to submit accurate claims will result in recovery of an overclaim and may result in the withholding of payments, suspension, or termination of the program. Preparer Name and Telephone No.:

 BACK

Home

## How to Logout

1. Click the *Logout* tab on the menu to exit from the Online Services system.



WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Home Day Care School Nutrition Program Community Nutrition Program Summer Food Program Special Milk Program Other Services Logout

Home Monthly Reimbursement Claim National School Lunch Program Enter Claim Modify Claim View-Print Claim



## Instructions for Annual Food Service Financial Report Submitted via DPI's Online Services

This report categorizes and totals food service financial records for the July 1 through June 30 school/fiscal year. The totals must reflect agency financial records. For schools participating only in the NSL program only the NSL column needs to be completed. *The a la carte, WSDMP, EN, SMP column **must also be completed** when milk or other items are sold to students, including second half-pints of milk sold to students and half-pints sold to students with cold lunches).*

Use the *SB* column to report financial information for the breakfasts served, including those reimbursed at the higher Severe Need rate. The *Snacks* column is for both regular Snacks and Area Eligible Snacks. Food service revenue and expenditures not allocable to *NSL*, *SB*, or *Snacks* are recorded in the “*A la Carte, WSDMP, EN, SMP*” column, along with revenues and expenditures for the state *WSDMP*, the federal *SMP*, and the state *EN*, *if* your school accounts for the Elderly Nutrition program in the food service fund.

### **Fund/Cash Balance at Beginning Of Reporting Year**

**Public School Districts and other sponsors on a modified cash or an accrual basis:** Report the Fund 50 Balance (931 XXX, Fund Equity), not a cash balance, as of the beginning of the reporting year (the prior July 1).

**Non-Public and other sponsors on a cash basis:** Report the total amount of food service cash on hand at the beginning of the reporting year (the prior July 1). This total includes the total cash held in all food service checking, savings, NOW, and/or other accounts. The cash balance **cannot** be a negative amount, but \$0.00 is acceptable as a beginning balance.

### **Transfers from General Fund**

Report the total amount of any cash transfers that were made to the foodservice fund during the reporting year. Public School Districts should report WUFAR (Wisconsin Uniform Financial Accounting Requirements) transfers from the General Fund (Fund 10) to the Food Service Fund (Fund 50). Non-public school agencies should report transfers or advances from the school, agency, and/or parish.

For schools/sites that sell meals to other schools/institutions as a “unit,” both expenditures and revenues should be reported under the appropriate program (e.g. school lunch, school breakfast).

### **All Other Revenue of Fund 50**

Report the total of all food service revenues from all sources (student payments, state and federal reimbursements, payments from other funds, etc.) for each applicable column. A separate record is to be maintained for revenue receipted for each of the programs and for a la carte sales. *Use the A la Carte, WSDMP, EN, SMP column to report revenue received from (1) the federal Special Milk Program for half-day kindergarten and pre-kindergarten students (student*

*payments and federal reimbursement payments), (2) the Wisconsin School Day Milk Program (annual reimbursement only) and (3) milk or other a la carte items.*

**Expenditures reported on the annual report are those incurred during the operation of the lunch, breakfast, milk, elderly, a la carte sales and snack programs. These expenditures, supported by invoices or receipts, are coded to Fund 50 (in public school districts) or noted in checkbook or separate account ledgers (in non-public school agencies). *Note: When allowable expenses are shared by programs (e.g. labor, equipment, supplies, etc.) prorating the costs appropriately will result in a more accurate record of financial activity.***

**The cash value of USDA donated foods should not be reported in any revenue or expenditure box on this report. Cash value of donated foods should be added as both revenue and food expenditure on the DPI Annual Report (PI-1505) public school districts must submit to DPI. Private schools are exempt from this reporting requirement.**

**Cash rebates and refunds are reported and recorded as a negative expenditure.**

### **Labor Expenditures**

Report all direct food service labor expenditures, **both wages and fringe benefit costs** for the agency, for each applicable column/program.

### **Food Expenditures**

Report all food expenditures for each applicable column/program. Include handling charges for receiving USDA donated foods as a food expenditure. Also include the cost of milk served as a component of the **NSL** program. Use the space in the A la carte, WSDMP, EN, SMP column to report food expenditures for (1) the milk served to students participating in the federal Special Milk Program for half-day kindergarten or pre-kindergarten students, (2) the milk served to students participating in the Wisconsin School Day Milk Program (those students from households meeting the eligibility guidelines for free or reduced meals), and (3) food expenditures for milk only sales items and for other a la carte items. Use the SB column to report the cost of milk served as a **SB** component and the Snack column to report cost of milk served as an **After School Snack** component. Agencies purchasing meals from a vendor or another school should report the total cost of the meals purchased in the appropriate columns on the screen. Cash refunds and rebates for food **received during the current school year** should be subtracted as a negative food expenditure *before* entering food costs on this screen.

**The amount of milk to include for food expenditures in the third column (A la Carte, WSDMP, EN, SMP) can be obtained by subtracting the *NSL* and the *SB* milk (one half-pint for each meal served) from the total number of milks purchased. The remainder can be charged to a la carte, WSDMP, and SMP. When the count of the remaining milk is determined, multiply this number of half-pints by the average cost per half-pint to obtain the cost to report in the column. Money collected for a la carte milk for both students and adults, if any, should be recorded as revenue in the “A la Carte, WSDMP, EN SMP”.**

### **Equipment Expenditures**

Report all nonexpendable equipment rental and purchase costs. An individual item is considered nonexpendable if it costs over \$500 per unit (or less if it is the agency policy), and is expected to last over one year. Equipment repair costs are considered purchased services and are reported in boxes 60, 67, 74, and 81. Expendable equipment costs (e.g., pans, serving utensils, trays) should be reported as Other Expenditures).

### **Purchased Services Expenditures**

Report expenditures when the primary reason for the purchase is for services provided, including: contracted services (**not** employee wages), equipment or building repair or service (such as pest control and garbage/recycling service), **employee travel and/or training costs** (registration fees, mileage costs, lodging costs, etc. Wages are a labor expenditures. Utility costs may be reported, too. However, the costs must be specifically identified or metered to the food service fund. Printing and copying services expenditures are also reported as purchased services. The management fee for a Food Service Management Company should be reported as purchased services, too.

### **Other Expenditures**

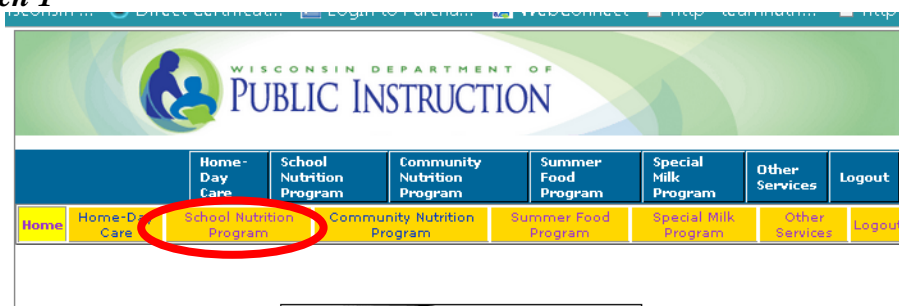
Report supply and material expenditures plus any other expenditures not reported elsewhere. These include plates, trays, flatware, napkins, soaps, cleansers, other expendable equipment, **Unemployment Compensation, Worker's Compensation**, liability and property insurance, and other miscellaneous food service expenditures are reported here.

**If all revenues and expenditures have been reported correctly, the fund/cash balance reported for the prior July 1<sup>st</sup>, plus all transfers and revenues, minus all expenditures, will equal the fund/cash balance on June 30<sup>th</sup> of the reporting year.**

## **Entering an Annual Financial Report**

1. Select *School Nutrition Program* from the menu bar. (see *Sample Screen 1*).

### ***Sample Screen 1***



2. Select *State Programs' Annual Claim & Reporting*. (see *Sample Screen 2*)

*Sample Screen 2*



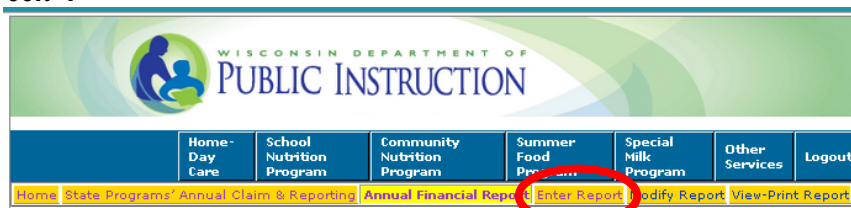
3. Select *Annual Financial Report* from the menu bar. (see *Sample Screen 3*)

*Sample Screen 3*



4. Select *Enter Report* from the menu bar. (see *Sample Screen 4*).

*Sample Screen 4*



5. Select the month (June) and the correct year. **Note: The date selected is for the June of the year of reporting, for example, for the 2012-2013 School Year, select June 2013.** You must enter zeros in fields that do not apply, as each box must have a value filled in.

Fill in all applicable fields, including the Preparer name and phone number, and click the submit button. (see *Sample Screen 5*)

### Sample Screen 5

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Home- Day Care School Nutrition Program Community Nutrition Program Summer Food Program Special Milk Program Other Services Logout

Home Annual Financial Report Enter Report

Annual Financial Report  
[ July 1 thru Jun 30 ]

Do not include cash value of USDA donated foods (Commodities) received during the year in either NSL Revenue or Food Expenditures. Cash value of donated foods should be added as both a Revenue and Food Expenditure on the DPI Annual Report for public school district.

Date Claim: Month  Year  2017

Fund/Cash Balance at Beginning of Reporting Year(July 1):

\*Do NOT use commas while entering numbers.

Items	NSL	SB	A la Carte, WSDMP, EN, SMP	Snacks
Transfers From General Fund (WUFAR) Transfers within Agency (Private and Non-WUFAR):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
All Other Fund 50 Revenue:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Labor Expenditures:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Food Expenditures:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Equipment Expenditures:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Purchased Services Expenditures:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Expenditures:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[CERTIFICATION]

I HEREBY CERTIFY to the best of my knowledge that this information is true, correct, and in accordance with the terms of existing agreement, that records are available to support this information.

Prepare Name and Phone

Submit

## Modifying an Annual Financial Report

1. Select *School Nutrition Program* from the menu bar. (see *Sample Screen 6*).

### Sample Screen 6

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Home- Day Care School Nutrition Program Community Nutrition Program Summer Food Program Special Milk Program Other Services Logout

Home Home- Day Care **School Nutrition Program** Community Nutrition Program Summer Food Program Special Milk Program Other Services Logout

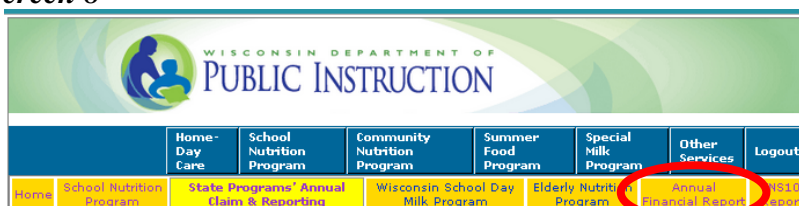
2. Select *State Programs' Annual Claim & Reporting*. (see *Sample Screen 7*)

### Sample Screen 7



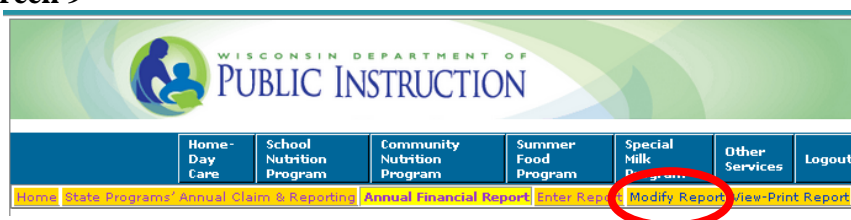
3. Select *Annual Financial Report* from the menu bar. (see *Sample Screen 8*)

### Sample Screen 8



4. Select *Modify Report* from the menu bar. (see *Sample Screen 9*).

### Sample Screen 9

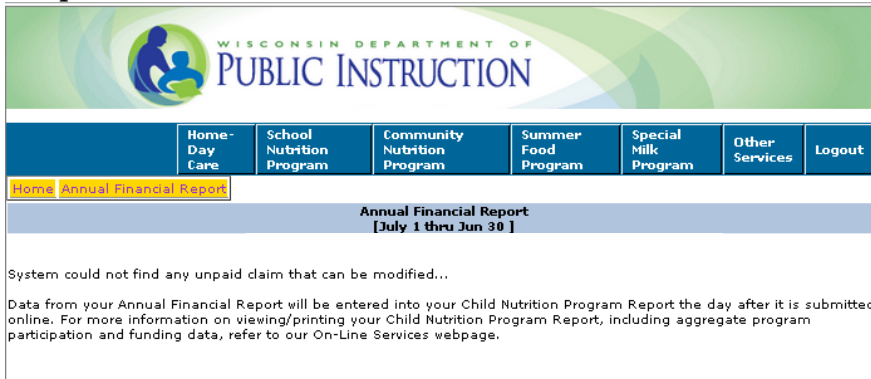


5. You are able to modify the Annual Financial Report until December 31 of the year you submitted the report. (see *Sample Screen 10*) For example, for the 2012-2013 School Year Annual Financial Report, you can modify the report until December 31, 2013. After this time you will get an error message (see *Sample Screen 11*) and will need to submit a paper copy of the amended Annual Financial Report must be completed and submitted to DPI at the address given on the paper claim form. You may download the claim form at: <http://fns.dpi.wi.gov/files/forms/doc/pod1409.doc>.

### Sample Screen 10

**PLACE HOLDER UNTIL A SCHOOL ENTERS AN ANNUAL FINANCIAL REPORT.**

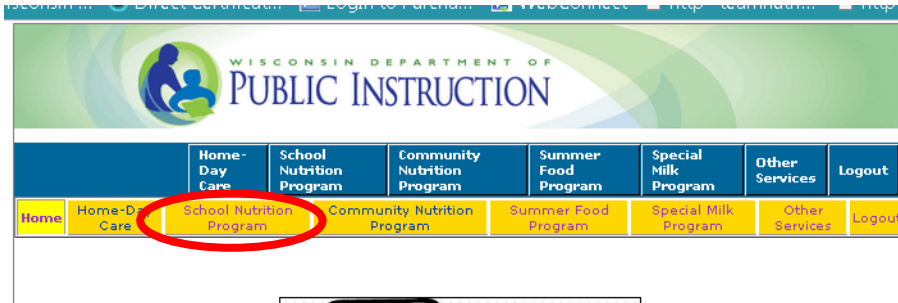
### Sample Screen 11



## View-Print an Annual Financial Report

1. Select *School Nutrition Program* from the menu bar. (see Sample Screen 12)

### Sample Screen 12



2. Select *State Programs' Annual Claim & Reporting*. (see Sample Screen 13)

### Sample Screen 13



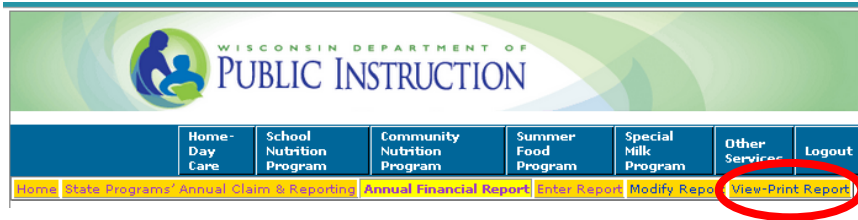
3. Select *Annual Financial Report* from the menu bar. (see Sample Screen 14)

### Sample Screen 14



4. Select *View-Print Report* from the menu bar. (see *Sample Screen 15*)

### Sample Screen 15



5. Select the date claim month and year from the drop down list box and click the search button. (see *Sample Screen 16*)

### Sample Screen 16

The screenshot shows the Wisconsin Department of Public Instruction logo at the top. Below it is a navigation bar with several links: Home, Annual Financial Report, and View-Print Report (circled in red). The 'View-Print Report' link is highlighted in yellow. Below the navigation bar, there is a search form with fields for Date Claim Month and Year 2017, and a SEARCH button. Below the search form, there is a link to Click Report Date to View the full report, and two buttons: Report Date and Date Report Submitted.

6. If a report is found for the given criteria it will show up in the box below. Click the Report Date link to view the full Annual Financial Report data. (see *Sample Screen 17*)



### Sample Screen 17

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Home- Day Care | School Nutrition Program | Community Nutrition Program | Summer Food Program | Special Milk Program | Other Services | Logout

Home | **Annual Financial Report** | View-Print Report

Annual Financial Report  
[ View Report - July 1 thru Jun 30 ]

Date Claim Month: June | Year: 2012 | SEARCH

[Click Report Date to View the full report]

Report Date	Date Report Submitted
2012-06-01	12/03/2012

- This information is not modifiable. You can print the claim by clicking the print button of your browser. If required, use the *Back* button to view another year's Annual Financial Report. (see *Sample Screen 18*)

### Sample Screen 18

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Home- Day Care | School Nutrition Program | Community Nutrition Program | Summer Food Program | Special Milk Program | Other Services | Logout

Home | **View-Print Report**

Annual Financial Report  
[ View Report - July 1 thru Jun 30 ]

Do not include cash value of USDA donated foods (Commodities) received during the year in either NSL Revenue or Food Expenditures. Cash value of donated foods should be added as both a Revenue and Food Expenditure on the DPI Annual Report for public school district.  
Date Claim: 06/01/2012  
Fund/Cash Balance at Beginning of Reporting Year(July 1): \$0.00

Items	NSL	SB	A la Carte, WSDMP, EN, SMP	Snacks
Transfers From General Fund (WUFAR) Transfers within Agency (Private and Non-WUFAR):	\$0.00	\$0.00	\$0.00	\$0.00
All Other Fund 50 Revenue:	\$29,284.56	\$15,533.07	\$0.00	\$0.00
Labor Expenditures:	\$20,277.50	\$20,277.50	\$0.00	\$0.00
Food Expenditures:	\$3,102.34	\$3,102.33	\$0.00	\$0.00
Equipment Expenditures:	\$0.00	\$0.00	\$0.00	\$0.00
Purchased Services Expenditures:	\$75.00	\$0.00	\$0.00	\$0.00
Other Expenditures:	\$1,629.30	\$1,629.30	\$0.00	\$0.00

**[CERTIFICATION]**  
I HEREBY CERTIFY to the best of my knowledge that this information is true, correct, and in accordance with the terms of existing agreement, that records are available to support this information.  
Prepare Name and Phone: \_\_\_\_\_  
BACK

## How to Logout

- Click the logout tab on the menu to exit from the Online Services system.



## Frequently Asked Questions

### 1. Claims Due – When?

Claims are due within SIXTY DAYS of the last day of the claiming month. A calendar is listed below for your convenience.

<u>Claiming Month</u>	<u>Last day for receipt/postmark</u>
January	April 1 (March 31 on leap years)
February	April 29
March	May 30
April	June 29
May	July 30
June	August 29
July	September 29
August	October 30
September	November 29
October	December 30
November	January 29
December	March 1 (February 29 on leap years)

### 2. Is There Any Time When I Can Not Enter a Claim?

Yes. When the Payment Process Package that pays the claims is running we cannot take claims. This process usually lasts only a short time and is usually done on Tuesday mornings, but not always. If this Process is running you will get an error message telling you to wait one hour, and then retry. Otherwise the Claims area of the Internet site is available anytime from anywhere. As long as our server is online (which it always should be) we will accept any claim data or requests for past claims information.

### **3.Claim Data Won't Go Into System**

There are “edit-checks” on certain fields on the claim forms. These edit-checks will not allow certain data to be entered, e.g., total meals for month could not exceed enrollment times days operating. If you think you have valid data and the Internet site will not accept it, please call your Jacqueline Jordée at 608-2679134. If necessary, a paper claim may need to be submitted in some instances.

### **4.Why Or When Would I Modify a Claim?**

If a previous claim's data is incorrect and it has NOT been paid, you can change the data so it is correct. Once the claim is paid, it can NOT be modified on-line. You will need to submit a paper claim to make any modifications.

### **5.Can't Get Into Program to Enter Information**

The Internet system checks the agency code against our valid contract file. If you do not have a valid contract on file for the specific program you are trying to enter into, you can not even access the screens. If you think you have a valid contract and still cannot get into the entry screen you desire, please call your Melissa Biagtan at 608-2679228.

### **6.Time Limitations**

A timer starts from the moment the site is entered. If there is no activity at all for 30 minutes, the user will get an error message and has to return to the main “Login” screen. Any movement on a page at all, such as going from one screen to another or even just moving to another entry field on the same page will reset the 30-minute timer.

## **Contacts**

Contact names and phone numbers on this page are for questions relating directly to the entering of claims or data on the respective Internet page areas. Please direct your questions to the Primary Contact first, then to the Secondary Contact only if the Primary Contact can not be reached.

### **PLEASE HAVE THE ANSWERS TO THE FOLLOWING 4 QUESTIONS AVAILABLE FOR THE CONTACT PERSON:**

1. What is your agency code/agreement number?
2. What program are you entering a claim for? (Example: “NSLP”)
3. What screen are you looking at? (Example: “1<sup>st</sup> entry screen”, “Printing screen”, etc.)
4. What page in this manual are you looking at?

#### **Primary Contact Phone**

608-267-9134

#### **Secondary Contact Phone**

608-266-6856

## **APPENDIX A**

### ***REPORTING PRE-KINDERGARTENERS AND KINDERGARTENERS***

The following explains how to report kindergartners and pre-kindergartners on the edit check and the monthly reimbursement claim. As a general rule, if kindergartners or pre-kindergartners have access to the School Lunch Program on a particular day, then for that day they are to be included in both the Enrollment and the Average Daily Attendance (ADA) figures. Below, we have identified three different kindergarten situations. Please read through these explanations and decide which situation applies to your school.

1. Kindergartners/pre-kindergartners who go either full days or ½ days daily, and who do eat lunch, **are to be included** in the Enrollment as well as the ADA figures.
2. Half-day kindergartners/pre-kindergartners, who do not eat lunch at school, **should not be included** in the Enrollment or the ADA figures.
3. Kindergartners/pre-kindergartners, who go full days but only several days a week, **should be included** in both the Enrollment and the ADA figures, **but only on those days when they are in school**. Below is an example of 25 kindergartners who attend full days on Monday, Wednesday, and Friday in an elementary school along with 275 other students.

<u>Date of Service</u>	<u>Enrollment</u>	<u>Average Daily Attendance</u>
1	300	285
2	275	265
3	300	286
4	275	264
5	300	287
8	300	288
9	275	262
10	300	283
11	275	264
<u>12</u>	<u>300</u>	<u>284</u>
Totals	2900	2768

To determine the **Enrollment** for the month, you would divide the total enrollment by the number of days served. In this case, 2900 would be divided by 10 days, for a monthly enrollment of 290.

To determine the **Average Daily Attendance (ADA)** for the month, you would divide the total daily attendance for the month by the number of days served. In this case, 2768 would be divided by 10 days, for an ADA of 277.

If you have any questions concerning the reporting of pre-kindergartners/kindergartners in your school, please contact **School Nutrition Programs** at (608) 267-9228.

## APPENDIX B

### Required Edit Check for School Lunch Programs

U. S. Department of Agriculture (USDA) regulations require school agencies to complete an edit check for each of its schools that participate in the National School Lunch Program prior to consolidation of the daily lunch counts for the monthly reimbursement claim. The purpose of the edit check is to identify errors in the schools' lunch counts and/or problems with the meal counting and claiming procedures so that necessary corrections are made. The prototype daily participation/ edit check form is provided by DPI. However, school agencies are not required to use this particular form but must perform an edit check after completing the calculations shown on the bottom of the form. Those school agencies with computerized meal counting systems or in process of purchasing such a system should ask vendors about the edit check feature.

#### USDA's Required Edit Check Procedures for Each School

1. **Obtain and record the highest number of students in each category.**
  - Obtain the highest number of students approved for free and for reduced price lunches.
  - Obtain the highest student enrollment in the schools submitting lunch participation data for the month. Exclude those students who do not have access to the lunch program (e.g., half-day kindergarten and/or pre-kindergarten students) when arriving at the enrollment figure to use in the edit check.
  - **Subtract the number of students approved for free and reduced price meal benefits from the student enrollment to obtain the number of students for the paid category.**
2. **Compute the attendance factor.**
  - Divide the average daily attendance for students by the school enrollment to obtain the attendance factor. The attendance factor is percentage of students in attendance and is not the percentage of students participating in the school lunch program.

Note: The attendance factor must be calculated at least once each school year but may be computed each month.
3. **Calculate the "highest number of lunches expected for any day" by eligibility category.**
  - Multiply the highest number of students in each category by the attendance factor.
4. **Compare the "highest number of lunches expected for any day" to the daily counts recorded on the participation record for each of the eligibility categories.**
5. **Evaluate any daily lunch counts that exceed the "highest number of lunches expected".**
  - The school may find that students approved for the free or reduced-price lunches attend at a higher daily rate than those students in the paid category.
  - Documentation such as daily attendance records or check-off rosters may be used to support daily counts that exceed the "highest number of lunches expected".
  - Scan the daily counts and evaluate any that appear unusual, such as transposed digits, counts reported in the wrong category or questionable patterns in daily counts.
6. **Correct any lunch count reporting errors that are discovered during the edit check before consolidating counts for the reimbursement claim.**

#### Example of a School's Required Edit Check

School's highest number of students approved for free meal benefits during the month: 15

School's highest number of students approved for reduced price benefits during the month: 8

School's highest daily enrollment for students with access to the lunch program: 239

School's highest number of students in the paid category:  $239 - 23 = 216$

School's average daily attendance: 230      School's attendance factor:  $230 \div 239 = .962$

	Highest # Of Students Approved in Month		Attendance Factor (average daily attendance $\div$ school enrollment)		Highest # Of Lunches Expected for Any Serving Day
Free	<u>15</u>	X	<u>.962</u>	=	<u>14.4 or 15</u>
Reduced-Price	<u>8</u>	X	<u>.962</u>	=	<u>7.7 or 8</u>
Paid	<u>216</u>	X	<u>.962</u>	=	<u>207.8 or 208</u>

### Daily Participation Record/Edit Check

MONTH OF \_\_\_\_\_ 20\_\_\_\_ SCHOOL \_\_\_\_\_

DATE	LUNCH				BREAKFAST <sup>1</sup>			
	FREE	REDUCED PRICE	PAID	NON-REIMBURSABLE <sup>2</sup>	FREE	REDUCED PRICE	PAID	NON-REIMBURSABLE <sup>2</sup>
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
TOTALS								

#### REQUIRED EDIT CHECK FOR SCHOOL LUNCH PROGRAM

	Highest # of Student Approved in Month		Attendance Factor (average daily attendance ÷ school enrollment)		Highest # of Lunches Expected for Any Serving Day
Free	_____	X	_____	=	_____
Reduced-Price	_____	X	_____	=	_____
Paid	_____	X	_____	=	_____

<sup>1</sup>Although it is not required to complete an edit check incorporating an attendance factor, USDA regulations prohibit claiming for free and reduced price breakfasts in excess of the number of children approved for free and reduced price breakfasts.

<sup>2</sup>Nonreimbursable meals include meals served to adults (program and non-program) and non-claimable children, second lunches served to students, and meals missing required food items.